



DEPARTMENTAL EXAMINATION

CONTACT: Jane Saunders
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1 Ferncroft Road DM 213
Danvers, MA 01923
978-739-5429

FOR OFFICE USE ONLY
Date Received _____
Receipt # _____
Amount \$ _____
Mailed _____

STEP #1

DEPARTMENTAL EXAMINATION REQUEST FORM

NOTE: TO BE COMPLETED BY CAS AND SUBMITTED TO DEPARTMENT/FACULTY

PLEASE PRINT

Student: _____ Phone: _____

Address: _____ SS #: _____

City: _____ State: _____ Zip: _____

Email Address: _____

NSCC Degree Program: _____ Matriculated: Yes ___ No ___

CAS Signature: _____ Date: _____

Course #: _____ Course Title: _____ Credits: _____

STEP #2

DEPARTMENTAL EXAMINATION APPROVAL FORM

NOTE: TO BE COMPLETED BY FACULTY MEMBER AND RETURNED TO CAS

The above-named student has been approved for a Departmental Exam as specified below. The student must contact the faculty member who will be administering the examination to discuss the content and format of the examination, as well as grade mode.

Course #: _____ Course Title: _____ Credits: _____

Faculty Name: _____ Office Location: _____

Extension: _____ Email Address: _____

Faculty Signature: _____ Date: _____