

REQUEST FOR CLEP/DANTES EXAMINATION

Please complete entire form making sure to affix all required signatures. Florida Tech Online students must submit to their advisor/Bisk representative for routing and processing.

Student Information			
Name			Student ID #
	Last	First	Middle
Florida Tech email			
I request approval to take	the CLEP/DANTES exar	nination during the specifie	d term indicated below. I understand Florida Tech policy states:
while enrolled at Florida 7	ech, they may do so only	with prior permission of the	enrollment. Although a student may take these examinations eir major department and college dean. Credit earned from these ly at another institution policy.
Students must take CLEP	/DANTES examinations b	pefore their last term of enro	llment. Contact the Office of the Registrar for further information.
Student signature			Date
Requested Examination (choo	ose one)		
☐ College-level exam	ination program (CLEP)	exam title	
Term to be taken _			
☐ Defense activity fo	r nontraditional educatio	on support (DANTES/DSST)) exam title
Term to be taken _			
Examinations are not adm	inistered on the Florida T	ech campus.	
Florida Tech grants acader as published by the American			ninimum score must be equal to or above the recommended percentile
Credit is only considered for DANTES Subject Standardized Tests (DSST) listed on an official DANTES transcript.			
Credit is awarded based or	n ACE recommendation a	and Florida Tech transfer cre	edit policy.
Required scores and Florid	la Tech equivalencies are	e disclosed online at floridat	ech.edu/registrar.
Major department head			Date
		Signature	
Print name			
College dean			Date
		Signature	
Print name			