



# GATEWAY SEMINARY

Biblical • Missional • Global

Office of the Registrar  
3210 E. Guasti Road • Ontario, CA 91761  
909.687.1468 (phone) • 909.687.1593 (fax)  
[registrar@gs.edu](mailto:registrar@gs.edu)

## REQUEST FOR CREDIT BY EXAM

Up to 1/6 of the student's degree program may be earned by proficiency examinations. Requirements that cannot be satisfied by exam are P1111 Introduction to Ministry Formation; P1116 Reflection on Ministry Formation; and P1121 and P1122 Leadership Practicum I and II. Elective courses cannot be satisfied by exam. In addition to the tuition for the course, a \$15 fee is charged for each exam.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Campus:  AZC  BAC  ONLN  ONT  PNWC  RMC

Degree:  DPTH  DPEL  MACC  MAIS  MMISS  MTS  MAEL - Concentration: \_\_\_\_\_  
 MDIV - Concentration/Advanced Track: \_\_\_\_\_

Hours completed at GS: \_\_\_\_\_ GS Course # Requested for Credit: \_\_\_\_\_ - \_\_\_\_\_ # of Hours: \_\_\_\_\_

College/University where previous coursework was completed: \_\_\_\_\_

**List all college courses in this field of study.** For example, if requesting Credit by Exam in OT, list all OT college courses previously taken. Include all requested information. Use the back of this form for further course description, as needed.

Course Name	Beg or Adv	Term Project Req.?	Texts Used	Professor's Name	Semester Credit Hours	Year Completed	Grade Received

**List all field experience** – Positions you have held that relate to the field of study in which this course falls.

Position	Location	Dates of Service (include year)

Instructions:

1. Complete all applicable sections of this form
2. Submit to Examining Professor and Department Chair of required course for approval
3. Once approval is given, form should be **forwarded by the student** to the Associate Dean for Academic Affairs or Campus Director
4. Once all approvals are received, a copy of the approved forms must be given to the approving Department Chair and the **original** given to the Registrar's Office or Regional Campus Office.

Title	Printed Name	Signature	Date
<b>Examining Professor</b>			
<b>Department Chair</b>			
<b>Associate Dean for AA or Campus Director</b>			

REGISTRAR OFFICE USE ONLY

Date processed: \_\_\_\_\_ Initials: \_\_\_\_\_