

University of Maryland Baltimore
Supplemental Grade Form

CREDIT BY EXAMINATION

SSN: _____ Student's Name: _____
Last First MI

Course Originally taken by Student: Term: _____ Year: _____ [Original grade was: _____]

CRN: _____ Subj. Abbr: _____ Course #: _____ Credit Hours: _____

Final Grade: _____ Instructor's Name (print): _____

Instructor's Signature: _____ Today's Date: _____

[RO 03/01]

--Please submit to Office of Student Affairs, Rm. 224PH--

----- cut here -----

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