Credit By Examination Registration Form (CBE)
CLEP, TECEP, DANTES

Registrar’s Office Phone: 973-290-4460 Fax: 973-290-4499

Student Information: Please Print

First Name: ___________________ Last Name: ________________ ID#0000_______

Program _______________________

I am requesting registration for:

Year ________ Term _________ Session _______

Please check one:  □ CLEP □ TECEP □ DANTES

□ CBE600 Credits ____ CSE Course Equivalency __________________

***Please refer to current college catalog for applicable rates/fees***

Approvals: (All signatures MUST be obtained before form will be processed by Registrar’s Office)

Student Signature/Date: ________________________________

Advisor Signature/Date: ________________________________

Program Chair Signature/Date: ___________________________

Area Chair Signature/Date: ______________________________

Registrar’s Office: Input_________________________ Date: __________________ REG 09/13