

NorthWest Arkansas Community College

Official CLEP Score Change Report

Test: _____

Current Score: _____ Proposed Score: _____

Credit for course number: _____ Credit hours: _____

Rationale for change:

Effective Date: _____

***Please submit to Testing Services Coordinator by March 15th, so that changes may be made in the catalog prior to the academic year it becomes effective.**

Academic Division Dean _____ date _____

VP for Learning _____ date _____

Please complete the information above and submit to Testing Center Coordinator.

Testing Center Coordinator _____ date _____

Director Career Center or Dean LDC _____ date _____