

Ranger College

Credit by Standardized Examination

Name: _____

SSN or SID: _____

Phone Number: _____

Exam Taken:(Choose One) ACT SAT CLEP AP Other: _____

Date Taken: _____

Requested Course(s) Credit: _____

Signature: _____ Date: _____

Please mail or fax this form to the Registrar's Office

Ranger College
1100 College Circle
Ranger, TX 76470
Phone: 254-647-3234 x215
Fax 254-647-3739

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Office Use Only

Test: _____ Composite: _____ Subtest: _____

Approved by: _____ Date: _____