JOHN BROWN UNIVERSITY
CLEP TEST APPROVAL FORM
TRADITIONAL UNDERGRADUATE STUDENTS

Student ___________________________ ID# ___________________________

Major ___________________________ Minor ___________________________

Intended Graduation Date ___________________________

CLEP Test #1 ___________________________ JBU course equivalent ___________________________

CLEP Test #2 ___________________________ JBU course equivalent ___________________________

Adviser’s Signature ___________________________ Registrar’s Office Signature ___________________________ Date ___________________________

*Student must bring this signed form to Testing Center at time of testing. Student will not be allowed to take a CLEP test without this form signed by the student’s adviser and Registrar’s Office.

Do not write below this line

Comments:

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