



EXIT EXAM FORM

Date: _____

Name of Student: _____
Last Name First Name Middle Initial

Program	<input type="checkbox"/> MBA	Concentration	
Quarter	<input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	Year	

I am requesting to register for the Exit Exam:

☐ First attempt NO COST

☐ Second attempt Pay \$40

☐ Third attempt Pay \$40

(This option is only available by petition for approval by the CAO and Director of Student Services)

Approving Officer	Decision	Notes	Signature	Date
Director of Student Services	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Conditional			
CAO	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Conditional			

☐ I mistakenly voided the Answer Sheet or Test booklet Pay \$40

If you fail the Exam, you may re-take the Exam, but you must wait for the next quarter. Be sure that you allow yourself enough time to retest if you fail the exam.

Student Name

Signature

Date

<u>Exit Exam Fee</u>
<input type="checkbox"/> Cash <input type="checkbox"/> Card <input type="checkbox"/> Check
Total paid amount:
Payment received by: Date:

Office of Student Services

Signature

Date