

College Level Examination Program Permit Form: CLEP Permit Form

THIS FORM IS TO BE USED BY ALL DEGREE SEEKING STUDENTS WISHING TO REGISTER AND TAKE A CLEP EXAMINATION FOR CREDIT.

Student Information

Semester: _____ Year: _____ Current GPA: _____
Last Name: _____ First Name: _____
EMPLID: _____ Plan(Major): _____
Email: _____@stu-mail.ccny.cuny.edu Phone Number: _____
CLEP Examination Requested: _____
Student's Signature: _____ Date: _____

Advisor Approval For CLEP Examination

Advisor Name: _____ Advisor Email: _____@ccny.cuny.edu
Advisor Department: _____
Advisor's Signature: _____ Date: _____

CLEP Examination Equivalent Course Exam Will Replace

<https://www.ccny.cuny.edu/admissions/college-level-examination-program-clep-equivalencies-guidelines>

Equivalent course must be a currently active course offered by The City College of New York.

Course Discipline and Title: _____
Course Number: _____ Total Credits: _____

Instructions:

- 1- Student must meet with their academic advisor to determine eligibility to take the CLEP Exam and the course equivalency, and to obtain approval.
- 2- Residency requirements **MUST** be maintained.
- 3- After the form is completed and approved, it must be submitted to the Office of the Registrar **prior to the examination date.**
- 4- Once the CLEP examination has been completed, the student must request the official document with scores from The College Board to be sent to CUNY for processing. Scores must be received by the last day of classes for the semester specified above. Copies will not be accepted.
- 5- **ONLY** the approved examination listed above will be accepted and **ONLY** the approved active course equivalency will be posted once a passing grade is received.

Accepted: _____
April 2026

Processed: _____

Date: _____