



RIDER UNIVERSITY
College of
Arts and Sciences

WESTMINSTER
CHOIR COLLEGE

Course Credit by Exam/ Course Waiver

Instructions: Complete this form and email to the Registrar's Office registrar@rider.edu

Student Name: _____ Bronc ID#: _____

Subject & Course #: _____

Course Title: _____

Course Credits: _____

Credits Earned: _____ -or- Course Waived: _____

Department Chair Signature: _____ Date: _____

Associate Dean Signature: _____ Date: _____

Registrar Signature: _____ Date: _____