

Advanced Placement Exams

Attached is a request form for advanced placement exams. If you feel you are qualified to “test out” of a particular course at NWSU, complete and return the form to the Admissions Office no later than **one week before your start date.**

When you request the AP Exam option for any given course, you must have completed prior upper-division or graduate-level course work in the same subject. The course(s) must have been taken *in addition to* the minimum prerequisite entrance requirements, earned with a grade of C or better, and have been taken within the last 5 years. You must submit a syllabus for each relevant course you have completed.

Advanced Placement Exams are offered for the following courses only:

- Biochemistry I & II
- Immunology & Clinical Microbiology
- Infectious Diseases
- Physiology I & II

Those eligible for the AP Exam will be contacted by a representative of the Basic Science Department to set up a test date. You must attend any courses for which you are registered until test results are available to determine whether Advanced Placement will be granted.

Please keep in mind the following:

- This is the only time that you may request advanced placement exams. Requests submitted after enrollment will not be considered.
- The Admissions Office must have up-to-date official transcripts or you will be ineligible for Advanced Placement exams.
- On your form, please provide the best phone number at which to reach you.

Please contact the Office of Admissions at 952-885-5409 if you have any questions regarding potential advanced placement. We look forward to seeing you on campus!

**NORTHWESTERN HEALTH SCIENCES UNIVERSITY
COLLEGE OF CHIROPRACTIC
ADVANCED PLACEMENT REQUEST FORM**

Full Name: _____

Phone Number: () _____ Email: _____

I request the Advanced Placement exam option for the following NWHSU course(s):

- Biochemistry I & II
- Immunology & Clinical Microbiology
- Infectious Diseases
- Physiology I & II

Please complete and return this form **one week before your start date.**

By signing below, you certify the following:

I have read and understand the information provided above.

I have attached supporting documentation (syllabus) for any relevant prior course work for the AP Exam option(s) selected above.

I attest that the information supplied is true and factual. I agree to abide by the decision of the faculty and Dean of the College of Chiropractic in determining my eligibility to take any Advanced Placement Exam(s).

Signature of student: _____ Date: _____

THIS PORTION TO BE COMPLETED BY A NWHSU FACULTY MEMBER:

I have reviewed this request for Advanced Placement Exam. (Please check one)

- Request denied
- Request granted

Signature of faculty member: _____ Date: _____

Signature of Dean: _____ Date: _____

This review becomes part of the student's file.
Cc: Student/Registrar/Chiropractic Faculty Office