



**ADVANCED STANDING EXAMINATION (ASE) REQUEST FORM**  
**(PLEASE PRINT ALL INFORMATION)**

NAME: \_\_\_\_\_ STUDENT ID#: **L** \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ LOCAL PHONE: \_\_\_\_\_

COURSE PREFIX: \_\_\_\_\_ COURSE NUMBER: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_