



Registrar

CHALLENGE EXAMINATION APPLICATION REQUEST

This form should be used to request a Challenge Examination. Prior to completing this form, please make sure you have read the Challenge Examination requirements and met with your Advisor. All requests must be received five (5) working days prior to the beginning of the semester. Once you have completed the student portion, please return this form to the Registrar for approval.

Date ____/____/____

Semester _____

Last Name

First Name

MI

Student ID

Course No. _____

Course Title _____

Credit Hours _____

Please state your qualification and reasons for requesting to take this challenge exam:

My signature below verifies that I have read and meet the qualifications to earn credit by Course Challenge Exam. I understand that if I do not pass the exam, I will be expected to complete the course.

Student's Signature

To be completed by the Registrar's Office:

Processed by _____

Date _____

Challenge Exam Request [] Approved

[] Denied

Student notified of approval _____

Instructor notified _____

To be completed by the Instructor:

Exam Type (written, demonstration, essay, combination) _____

Faculty Proctor Name & Title _____

Faculty Proctor Signature _____

Exam Outcome [] Pass

[] Fail

Student notified on _____