



APPLICATION FOR CHALLENGE EXAM

- Complete this form for each course you wish to challenge.
- Return form to **Bursar Office** for payment, then to **Records Office** for challenge procedures.

Name _____ Student ID # _____

Address _____ Social Security # (last 4 digits) _____

_____ Phone No. (_____) _____
area code

_____ Date _____

Course Number _____ Title _____ Number of Credits _____

- List background or experience which you feel qualifies you to challenge this course (attach a separate page and documentation if necessary)

If you qualified after department evaluation, you will be notified of the date and time of the examination.

Student Signature *(handwritten signature only)*

Date

• **OFFICE USE:**

Paid \$ _____ for _____ credits.

_____ Bursar Office Init/Date (retain bottom copy)

Sent to _____
Faculty member

_____ Records Office Init/Date

• **FACULTY USE:**

Student not permitted to take exam _____
(check one) Date

Student has passed failed on _____
Date

Faculty Signature

Dean's Signature

Faculty Reimbursement Account

1	0
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4	0	3	1
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* **Return to Records Office for transcript posting or refund.**

• **OFFICE USE:**

credit posted to transcript _____
Date Records Office/Init 50% 100% cost refunded to student _____
Date Bursar Office/Init