

CHALLENGE EXAM REQUEST

NAME _____ WIN _____

COURSE TO BE CHALLENGED _____ CREDITS _____

INSTRUCTOR(S) ADMINISTERING EXAM

please print

APPROVAL SIGNATURES REQUIRED:

DEPARTMENT CHAIRPERSON _____ DATE _____

DEAN OF COLLEGE/SCHOOL _____ DATE _____

AFTER APPROVAL SIGNATURES HAVE BEEN OBTAINED, STUDENT MUST PAY THE CHALLENGE EXAM FEE AT THE BURSAR'S OFFICE. NO CHALLENGE EXAM CAN BE GIVEN UNTIL PAYMENT IS MADE. PAYMENT RECEIPT MUST BE ATTACHED TO THIS FORM.

STUDENT - PRESENT THIS FORM AND THE PAYMENT RECEIPT TO THE CHAIRPERSON OF THE DEPARTMENT OVERSEEING THE CHALLENGE EXAM SO THAT THE CHALLENGE EXAM CAN BE SCHEDULED AND ADMINISTERED.

INSTRUCTOR ADMINISTERING CHALLENGE EXAM – PLEASE INDICATE WHETHER THE STUDENT HAS SUCCESSFULLY CHALLENGED THE COURSE INDICATED AND SIGN BELOW. RETURN ALL FORMS TO THE DEPARTMENT CHAIRPERSON.

_____ Challenge Exam Successful

_____ Challenge Exam NOT Successful

INSTRUCTOR SIGNATURE _____ DATE _____

COURSE TO BE TRANSCRIPTED _____ # CREDITS _____