



Office of the Registrar

PERMISSION FOR CHALLENGE EXAM

I, _____, seek to obtain credit for the following courses by (Print Student's Name)

taking the appropriate departmental challenge examination.

Table with 3 columns: Course Number, Course Title, Credits

I understand that I must submit a non-refundable test fee of \$550 prior to the examination. I accept responsibility for any course content missed which might be needed in the future.

Student Signature

Date of application

Approval Signatures:

Department Advisor: _____ Date: _____

Office of Academics: _____ Date: _____

Student Business Office: _____ Date: _____

Registrar: _____ Date: _____

Office Use Only box containing fields for Date of Examination, Test Administered by, Final Numerical Score, and Final Letter Grade.

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