Office of the Registrar

CHALLENGE EXAM REQUEST

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

taking the appropriate departmental challenge examination.

Course Number	Course Title	Credits
_____	_____	_____

I understand that I must submit a non-refundable test fee of $580 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:

Program Director: _____   *Date:* _____

Office of Academics: _____   *Date:* _____

Student Business Office: _____   *Date:* _____

Registrar: _____   *Date:* _____

Office Use Only

Date of Examination: _____

Test Administered by: _____

Final Numerical Score: _____

Final Letter Grade: _____

RETURN TO REGISTRAR'S OFFICE