REQUEST FOR A CHALLENGE EXAMINATION

Step 1:

STUDENT NAME: ___________________________________________________

STUDENT NUMBER: ________________________________________________

LOCAL ADDRESS: __________________________________________________

__________________________________________________________________

LOCAL PHONE: ____________________________________________________

STUDENT’S SIGNATURE_____________________________________________

I request permission to take a challenge examination for:

COURSE DEPARTMENT & NUMBER: __________________________________

COURSE TITLE: ____________________________________________________

Step 2:

I understand that the student named above is eligible and approved to challenge the requested course.

Advisor: __________________________________________________________

Date: _____________________________________________________________

Chair of Examining Department: _________________________________

Date: _____________________________________________________________

Course Professor: ________________________________________________

Date: _____________________________________________________________

Dean of Student’s College: _________________________________

Date: _____________________________________________________________

Student Accounts charges $_____ per challenge exam; which must be paid prior to taking the exam.

Director of Student Accounts________________________________________

Date________________________________________

SIGNATURES FROM ALL 5 PARTIES ABOVE MUST BE OBTAINED BEFORE THE STUDENT TAKES A CHALLENGE EXAM.