



CHALLENGE APPLICATION

Student Information

Student ID Number _____ Student Name _____

Phone Number _____

Program of Study _____ Advisor _____

Current Semester: Fall _____ Spring _____ Summer _____ Year: _____

Challenge Information

Course Number _____ Course Title _____ Credit Per Course _____

Please read and initial the following items:

_____ I understand there is a \$100 fee for the challenge exam (paid prior to taking the exam.)

_____ I understand that Financial Aid will not support or cover challenged courses.

_____ I understand a grade of "CH" will be awarded and I will not accrue GPA points for the course.

_____ I understand the exam must be completed with passage of at least 80% of the exam contents
(written, oral and/or hands-on content) in order to receive credit for the course.

Signatures (Due prior to taking the exam)

Student Signature: _____ Date: _____

Faculty/Testing Officer: _____

Routing after exam:

Grade Received: _____ Faculty/Testing Officer: _____

Division Director: _____ Date: _____

Registrar: _____ Date: _____