

C

PETITION FOR CHALLENGE EXAMINATION

(Please Print Firmly with Ballpoint Pen)

Date: _____

Site: _____

Student's Name: _____
(Please Print)

Phone: (Day) _____
(Eve) _____

Address: _____

Student ID: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Course to be challenge: No. _____ Title: _____

Rational for Challenge Request: (Please indicate what prior learning or experience has provided a sufficient background in the subject matter to anticipate a successful challenge.)

Advisor's Name (Please Print)

Student's Signature

Advisor's Signature

PLEASE SUBMIT THIS FORM INTACT TO THE REGISTRAR'S OFFICE

Office Use Only

1. Date Fee Paid: _____ Amount: _____ Receipt No. _____ Initials: _____

2. Eligible for challenge? Yes No Registrar's Initials: _____
If not eligible, why? _____

3. Academic Approval:
 Approved Denied Senior Faculty _____ Date _____
If not approved, why? _____

4. Date Exam will Be Ready _____

5. Time/Date Exam was Taken _____

6. Exam Proctored By _____

7. Exam Prepared and Graded By _____

Completed/Distributed
Date: _____
Int'l: _____

Assigned Grade*

Senior Faculty

* A passing grade is 2.0 or better at the undergraduate level and 3.0 or better at the graduate level. If a lesser grade is earned, a NP (No Pass) will be the assigned grade.