CHALLENGE EXAMINATION REQUEST FORM
$50.00 FEE*

Student Name (please print): ________________________________

Semester: __________________

ID#: ______________

Course #/Title: _______________________________________

Number of Credits: ________

Student Signature: ________________________________ Date: ________

Registrar Signature: ________________________________ Date: ________

Division Chair Signature: ________________________________ Date: ________

Business Office Use Only

DR 10-0000-11000-1 $_______ CR 10-0000-40811-1 $_______

Business Office Signature: ________________________________ Date: ________

*This fee is non-refundable and must be paid in advance. Please be advised that if your Challenge Examination is successful, a tuition fee will be charged to you at a rate of 33 1/3% of whatever the regular tuition would have been had you not taken the Challenge Examination. Cost for credits earned must be paid within 30 days of billing.