



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.**