



FIRST NAME

M.I.

LAST NAME

MAILING ADDRESS

E MAIL

CITY

STATE

ZIP

I am requesting credit through challenge by means of:

Scholarly Paper    Professional Exam/Certification    Professional Portfolio    Teacher-Made Examination

Other ( Specify) \_\_\_\_\_

To be applied to: \_\_\_\_\_

DEPARTMENT, COURSE NUMBER AND TITLE AND SEMESTER HOURS

Request for credit through challenge and the challenge process as approved: \_\_\_\_\_

SIGNATURE, DIVISION CHAIRPERSON

Upon completion of the challenge process, the faculty member working with the student will complete the remaining portion of this form and submit it to the Vice President for Academic Affairs.

\_\_\_\_\_ on \_\_\_\_\_

NAME OF STUDENT

DATE

attained credit through \_\_\_\_\_

METHOD

for the course \_\_\_\_\_

DEPARTMENT, COURSE NUMBER AND TITLE, SEMESTER HOURS

The student earned a grade of (check one):  A    B    C    D    F

SIGNATURE, FACULTY MEMBER

DATE

Credits are accepted:

SIGNATURE, VICE PRESIDENT FOR ACADEMIC AFFAIRS

DATE

SIGNATURE, REGISTRAR

DATE

SIGNATURE, DIRECTOR OF STUDENT ACCOUNTS

DATE