

## Registrar & Records



## **COURSE CHALLENGE FORM**

Student Name:		Date:		
Student ID:	Major:			
Course requesting to challenge-				
Subject:	Course No.:	Course Title:	Credits:	
I the regulations below regard Student Signature:	ng the exam I wish to	challenge.	ent and acknowledge and accept _ Date:	
enrolled in the semeste 2. Only LCSC approved co 3. Students may not challe 4. Students may not challe	presently enrolled in the or in which they complete to burses may be challenged enge a course during the enge a course previously ior learning assessment.	course they intend to challe the Challenge Exam. d; some courses are not av final semester before being audited, previously failed, o	enge. Students must currently be vailable for Challenge Exams. g awarded a degree/certificate. or for which they have received credit	
Challenge examination cost -	<b>\$70.00</b> **Pay at the Cash	nier's window or online whe	en scheduling your appointment	
Receipt #:	Cashier/Testing Center initials: Date:			
Scheduled Test Date:	Location:			
Exam Results: The instructor we Coordinators Office in Spaldin  Pass: Cred  Instructor (signature):	ng Hall, Room 207. it Awarded	☐ Fail: Do not T	n to the <b>Challenge Exam</b> Franscript this Exam	
Office Use Only				
Registrar's Office Transcribed	l Date:	_		