COURSE CHALLENGE FORM

Date: ___________________   Student Name (print): ________________________________

Student ID: ___________________   Major: ______________________________________

Course requesting to challenge:
Subject:________  Course NO:______  Course Title: _____________________  Credits: ______

I __________________________have reviewed the “Am I Ready” document and acknowledge and accept the regulations below regarding the exam I wish to challenge:

Student Signature:_________________________________Date:____________________

Instructor approval to take Challenge Exam:

Division Chair: Print/Signature                                             Date

Instructor: Print/Signature                                               Date

Challenge examinations for credit in courses are subject to the following regulations:

1. Students must NOT be presently enrolled in the course they intend to challenge. Students must currently be enrolled in the semester in which they complete the Challenge Exam.
2. Only LCSC approved courses may be challenged; some courses are not available for Challenge Exams.
3. Students may not challenge a course during the final semester before being awarded a degree/certificate.
4. Students may not challenge a course previously audited, previously failed, or for which they have received credit via another means of prior learning assessment.
5. Student may only challenge any given course one time.

Challenge Exam Cost - $70.00 *Pay at the Cashiers window or online when scheduling your appointment
Receipt #______________________ Cashier/Testing Center initials__________ Date__________________

Scheduled Test Date__________________________ Location______________________________

Exam Results: The instructor will assess the completed exam, and submit this form to the Challenge Exam Coordinators Office in Spalding Hall Building Room 207.

☐ Pass: Credit Awarded          ☐ Fail: Do not Transcript this Exam

Instructor (signature) __________________________ Date ____________________

Office Use Only:
Registrar’s Office Transcribed Date:_______________