

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
BOARD OF GOVERNORS
SCP-3201.A**

SUBJECT: Challenge Examination Request Form

REFERENCE: SCP-3201, Challenging a Course/Credit by Examination

Challenge Examination Request Form

PART A: TO BE COMPLETED BY THE STUDENT

Student: _____ ID: _____

Request credit in _____ for _____ credit hours.

If challenge exam taken previously, so indicate: Yes No If yes, when? _____

If course taken previously, so indicate: Yes No If yes, when? Grade assigned _____

If currently enrolled in course, so indicate: Yes No

PART B: TO BE COMPLETED BY THE DEPARTMENT CHAIR

Department Chair _____ Date(s) of consultation with student _____

Student is eligible for challenge examination: Yes No If no, explain _____

Faculty to perform evaluation: _____

Contact information: Campus _____ Phone _____ E-mail address _____

*Required signature: _____
Department Chair Date

1. No student may take the Challenge Examination for a course more than once.
2. No student may take the Challenge Examination for a course for which he/she has received a grade other than W or AU.
3. No student may take the Challenge Examination for a course in which he/she is currently enrolled.
4. If credit is recommended, the grade assigned for the course will be CR. If not recommended for credit, no grade will be assigned.
5. A non-refundable fee per credit hour is assessed for this service prior to taking the examination. (This fee is not included in the College's tuition).
6. Challenge examinations are not included in the calculation of a student's instructional load as applied to financial aid programs at the College.
7. If planning to transfer to another institution, the student should consult the receiving institution concerning transferability of credit by Challenge Examination.
8. Parts A, B, and C must be completed prior to the administration of the challenge examination.

PART C: TO BE COMPLETED BY THE BUSINESS OFFICE

Upon payment, the student is to return this form to the Department Chair for required signature.

<p>FOR OFFICE USE ONLY</p> <p>\$ _____ Fee Received <input type="checkbox"/> Cash <input type="checkbox"/> Check</p> <p>Date of Payment: _____</p> <p>Card: <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> Other: _____</p> <p>Card #: _____</p> <p>Expiration Date: _____</p>
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*This form is filed in the student's file in the Records Office.