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

SUBJECT: Challenge Examination Results Form

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

Challenge Examination Results Form

PART A: TO BE COMPLETED BY THE DEPARTMENT CHAIR

Student: Request credit in for _		ID:	ID:credit hours.	
		for credit ho		
Department Cl	nair			
Dates(s) of cor	sultation with student			
	ble for challenge examination: ☐ Yes			
PART B: TO	BE COMPLETED BY THE FACULTY	?		
Date on which	contact was initiated by student:			
Evaluation by:	Faculty Member	Date of	of Evaluation	
Attach this for	m to the student's exam along with a narra	ative describing the evaluative	process.	
Minimum scor	e required for passing:	Student's exam score:	_	
Recommended	for credit: ☐ Yes ☐ No If yes, n	umber of credit hours:		
Faculty Signature:		Date		
PART C: POS	ST-EVALUATIVE REQUIRED SIGNA	TURES		
Approved by:	Department Chair	Date		
Approved by:				
	Division Dean	Date		
Approved by:	Chief Academic Officer	Date		
Approved by:	Registrar	Date		
	13021311.01	ijale		