

CHALLENGE EXAMINATION REQUEST

The college recognizes that students accumulate a great deal of information outside the classroom without formal instruction. There are times when this information may be extensive enough to satisfy course requirements. With approvals, a student may be allowed to take challenge examinations. Information on policies regarding challenge examinations may be found at http://www.wnc.edu/admissions/transfer-credits/

Instructions:

Students should first view the policies associated with challenge examinations. Students who believe they might qualify should then speak with a full-time instructor who teaches classes in the applicable discipline. If no full-time instructor is available, a part-time instructor **may** be authorized to offer an exam with the approval of a full-time instructor or Division Director.

The instructor must approve offering a challenge examination; there is **no** requirement on the part of WNC to offer a challenge examination upon request.

If instructor approval is obtained, students must then get permission from the Director of Admissions and Records to ensure that WNC policies allow the student to take the exam. If approvals are granted and recorded on this form, the student should pay the \$25 non-refundable Challenge Exam fee to the business office and submit this form with their payment receipt to Admissions and Records.

Admissions and Records will forward the form to the instructor. The instructor is to give the exam, record the results on the form, and return to Admissions and Records with a copy of the challenge exam. **The student is not allowed to handle the form with the results/test attached.**

To be completed by STUDENT:		
Name:	Student ID Number:	Phone:
Colleges attended previously:		
Prefix/number of course requested to char	lenge: (example: ENG 101):	
Credits Instructor/Proctor of exam	I:	
Why challenge exam is requested:		
I certify under penalty of perjury that the above inford document is cause for the revocation of any challeng		and the intentional falsification of information on this
Signature:	Date: _	
To be completed by INSTRUCTOR:	Full-time Adju	unct
Approved: Disapproved Sign	ature:	Date:
If adjunct faculty, approval from full-time in	structor in discipline or Academic Dire	ector is required:
Name of full-time instructor or director:	Approved _	Disapproved:
Signature:	Date:	

NOTE: Instructor may not give exam until all approvals and payment is received. Instructor must wait until form is returned to the instructor by Admissions and Records



To be completed by	Director of Adm	issions and Red	cords
Approved: Signatu	re:	Approval valid until	
Denied: Reason:			
Payment received by stud	lent:	Date Sent to	Instructor:
To be completed by	Instructor: Ch	allenge Examina	ation Results
Date of Test:	_ Grade –pass or fail:	·	
Signature:		Da	ate:
student may NOT ha	andle this form a	ifter the exam ha	exam to Admissions and Records. T as been administered. An oral/skills Director of Admissions and Records
For office use only:			
Received by instructor:		_	
Approved N	lot approved F	Processed by	Date