PETITION FOR COURSE CHALLENGE EXAMINATION

INSTRUCTIONS

Student 1. Complete Part I of this form including signature and date
2. Forward form to Dean’s office for approval (Part II)
3. After approval, pay the $300 challenge exam fee online or in person at the Business Office
4. Make arrangements with College/Department to take the examination

Dean Forward form with your signature to Registrar’s Office. Do not allow exam to be given until the fee is paid.

Registrar Return form to College/Department administering the exam after payment is received and noted below

Faculty 1. Complete Part III of this form including exam date, exam grade, signature and date
2. Return completed form and copy of graded exam to the Registrar’s Office

IMPORTANT NOTE – Credits earned by Challenge Exam will be posted to the HPU transcript only after the student earns a minimum of 15 credits in residence with a GPA of 3.00 or higher.

PART I (Student) – PLEASE PRINT CLEARLY

Student ID # ______________________________ HPU email ____________________________________________
Name ___________________________________ ________________________________ _________________
(Last) (First) (Middle)
I wish to challenge the course listed below during the [ ] Fall, [ ] Winter, [ ] Spring, or [ ] Summer Term of _______ (year)
Student’s Signature ____________________________________________ Date ________________________

PART II (Dean) – PLEASE PRINT CLEARLY

Course Alpha & Number __________________ Course Title ______________________________________________
[ ] I approve this petition [ ] I do not approve this petition Date ______________________________________
Dean’s Printed Name __________________________________ Dean’s Signature _____________________________

Part III (Faculty administering and grading exam) – PLEASE PRINT CLEARLY

IMPORTANT: Exam should not be administered until fee is paid. Exam Date ______________________
Instructor’s Printed Name _____________________________ Exam Grade _____________________________
Instructor’s Signature __________________________________ Date _____________________________

FOR OFFICE USE ONLY:

Receipt # ____________________ Date ____________________ By ____________________
Transfer Services Eval completed Date ____________________ By ____________________
Student notified of posted credits Date ____________________ By ____________________

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