NOTE: Challenge Exams are given only at the discretion of the faculty and the appropriate department chair.

PLEASE PRINT

Today’s Date ________________

Full Name ____________________ ID# __________________ DOB __________________

Street address _______________________________________________________________

City, State and Zip ____________________________________________________________

Day Telephone ____________________ Evening Telephone ____________________

E-mail address ____________________ Fax # __________________

CHECK APPROPRIATE BOXES IN THE SECTIONS BELOW AND COMPLETE THE INFORMATION REQUESTED:

Expected date of the exam: __________________

NOTE: A NUMERICAL GRADE OF “C” OR ABOVE IS REQUIRED TO PASS.

Form of the exam: ☐ Written ☐ Examples of written work ☐ Interview or oral presentation ☐ Performance or demonstration

☐ Requires specialized equipment or evaluative techniques to complete exam successfully

TITLE(S) OF COURSE(S) FOR WHICH EXAM CREDIT IS REQUESTED

CREDIT HOURS REQUESTED

(USM catalog # and title) ____________________________

___________________________________________________________________________

___________________________________________________________________________

NAME OF USM PROFESSOR DOING THE EVALUATION

__________________________________________________________

SIGNATURE OF ABOVE PROFESSOR (REQUIRED) ____________________ DATE __________

__________________________________________________________

SIGNATURE APPROVAL OF THE DEPARTMENT CHAIR (REQUIRED) ____________________ DATE __________

Is the Office for Prior Learning Assessment administering the written challenge exam? ☐ Yes ☐ No

If yes, you must obtain the signature of the Director of Prior Learning Assessment before taking the exam:

__________________________________________________________

SIGNATURE APPROVAL OF ASHLEY COLLINS, DIRECTOR OF PRIOR LEARNING ASSESSMENT ____________________ DATE __________

Please pay $75 Preparation Fee prior to the examination

PREPARATION FEE ONLY:

Account to be credited: 06 6805005 45322 21 00 ☐ Credit Card Exp. Date ______________ Type of card: ☐ Visa ☐ MC ☐ Discover

Amount received: $ ____________________________

Date received: ____________________________

Method of payment: ☐ Check ☐ Cash Name on card: ____________________ V# __________________

NAME OF STUDENT ____________________________ ADDRESS ____________________________

CITY ____________________________ STATE __________ ZIP __________ PHONE ____________________________