

PURPOSE: Challenge exams afford students an opportunity to demonstrate that the knowledge associated with a particular course has already been gained through previous experience or course work. Challenge exams are not recommended for students unfamiliar with the subject area.

POLICY:

- A maximum of 60 credits may be earned through credit by challenge exam.
- Departments determine and maintain a list of courses available for challenge and restrictions on courses challenged during a student’s residency.
- Students may not challenge a course which they failed or retake a failed challenge exam.
- Students may not challenge a course for which they are registered for after the last day of Add/Drop period.
- Before the exam is given, the student must elect to receive a letter grade or a pass/no credit grade. **If the exam will satisfy a major requirement, major elective, or college graduation requirement for any discipline, a letter grade must be assigned.**
- Students will be charged a \$45.00 processing fee for each challenged course, which must be paid **before** the exam is administered.
- Students will be charged a \$100 per-credit tuition fee for a challenge exam in order for the results to be posted to his/her transcript.

STUDENT

_____ Student ID#: _____
Student Name (Print)

Course #	Course Title	course credits
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Student Signature _____ Date _____

Advisor’s Signature _____ Date _____

INSTRUCTOR

I agree to prepare and administer the challenge exam for the above-named course.
 The test will be administered on (date) _____. The grade will be a ___ letter grade **OR** a ___ pass/no credit.

Instructor Printed Name: _____

Instructor Signature _____ Date _____

Note: Once the Registrar’s Office and Student Accounts have processed this application, page two (Grade Submission Form) will be returned to you, the instructor, for grade submission.

REGISTRAR’S OFFICE

A Student in their Residency Period (last 30 credits) has completed at least 30 La Roche College credits.

Student has not unsuccessfully challenged this course before.

Student has not previously failed this course.

Registrar’s Signature _____ Date _____

STUDENT ACCOUNTS OFFICE. (Note: All sections above must be completed before accepting the processing fee)

The above-named student has paid \$ 45.00 as a Challenge Exam processing fee.

Student Account’s Signature _____ Date _____

Please return this form to the Registrar’s Office after signing.

Registrar’s Office Use Only:

Grade Submission Form sent to Instructor on _____

Original App to Registrar Office Challenge Coord.

Copy for Student

Instructor: Once the student has signed this form, please place it in a confidential envelope and return it to the Registrar's Office. Thank you.

REGISTRAR'S OFFICE:

The following student has completed the proper Challenge Exam Application procedure and may now be administered the agreed upon Challenge Exam:

_____ Student ID#: _____
Student Name (Print)

_____ *Course #* _____ *Course Title* _____ *course credits*

INSTRUCTOR

The Challenge Exam was successfully completed on _____.

The student earned the following grade: _____.

The Challenge Exam was not successfully completed.

Instructor Printed Name: _____

Instructor Signature _____ Date _____

STUDENT: (Important: Base your decision only after you have viewed the grade written in the section above.)

I would like this course/grade posted to my official transcript. I understand that my account will be charged \$100 per credit for each Challenge Exam completed and posted to my transcript. **Note: Student Accounts will not bill you for these additional charges. Please review your account on MyLRC.**

I do not wish to have this course posted to my official transcript. I understand that I will forfeit the \$45 application fee; however, I will not be charged the \$100 per credit fee.

Student Signature _____ Date _____

Registrar's Office: This form was received on: _____

The above course has been processed based upon the election, in the above section, of the student.

Registrar's Signature _____ Date _____

STUDENT ACCOUNTS OFFICE

The above named student is required to pay \$ 100 per credit for each Challenge Exam completed and posted to his/her transcript.

Student Accounts Signature _____ Date _____

Please return this form to the Registrar's Office after signing.

Registrar Office Challenge Coordinator Use Only:

Copy to Academic Affairs Original to Student's File