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 university 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**

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>credits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student ID#: _______________________

Student Name (Print) _______________________

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 University 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