

Challenge Examination Form

Student – Complete Part 1 and email form to Academic Dean

Part 1.

Name _____ Student ID# _____
Email address _____ Program of Study _____
Discipline/Course No.(e.g. MAT 772) _____ Course Title _____
Credits _____ I feel that I am qualified to take the challenge test because: _____

I understand the challenge test credit will not be placed on my transcript until I have earned twelve (12) hours at DMACC.

I understand that it is my responsibility to contact the DMACC Financial Aid Department to discuss the impact the Challenge test may have on my Financial Aid.

Type in Student's Name as Signature _____ Date _____

Academic Dean – Complete part 2 and email to Registration registration@dmacc.edu and copy student

Part 2.

Approved – There is a valid challenge test for this course.

Denied – Reason _____

Type in Academic Dean Name as Signature _____ Date _____

Registration– Complete Part 3 and if approved email Student Accounts mybill@dmacc.edu and copy student

Complete Part 3 and if denied email Dean and copy student/process ends

Part 3.

Yes No Has this course been taken previously?

Yes No Has a challenge test in this course been taken previously?

If the answer to any of the above questions is **YES** – student **MAY NOT** take the challenge test for the above listed course.

Based on the answers above the request to take the Challenge Test is approved _____ or is denied _____ (check one)

Type in Registration Name as Signature _____ Date _____

Fee Charged _____ Registered _____ Not Registered _____

Student Accounts Office – Complete Part 4 and email to Academic Dean and copy student

Part 4.

Student Accounts Office _____ Date _____ Receipt No. _____

Authorized Name as Signature _____ Fee Received _____

Dean – Forward Testing Materials to Faculty or Testing Center and Complete Part 5 upon Completion

Part 5.

Administrator/Proctor Name or Location _____

This Test was graded by _____ Student passed _____ Student did not pass _____

Typed in Name as Signature of Academic Dean _____ Date _____

If student passes, Dean continues to Part 6; If student does not pass, Dean notifies the student and process ends

Academic Dean – Forward to Registration registration@dmacc.edu

Part 6.

Registration Office – Date completed _____