APPLICATION FOR

DEPARTMENTAL CHALLENGE EXAMINATION

Murray State University

Murray, Kentucky

Reset Form

NOTE: This form will not be accepted for any person who is not currently enrolled at Murray State University. Departmental Challenge credit cannot be used (1) to repeat a course; (2) for graduate level credit.

-----INFORMATION-----

M:_____

NAME: _____ **SSN:** _____-___-_____

(Last) (First) (Middle)

	(Prefix)	**(Course #)**	**(Sem.Hrs.)**	**(Title of Course)**
Courses to be Challenged:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

_____

(Student's Signature) **(Date)**

-----FEES-----

ALL COSTS CONNECTED WITH A PARTICULAR EXAMINATION MUST BE MET BY THE STUDENT PRIOR TO THE TESTING DATE.

The fee for Challenge Credit is $5.00 per credit hour.

Please take this form to the Cashier's Office, 2nd Floor, Sparks Hall, to pay fees.

Fee: _____ **Receipt #:**_____ **Date of Payment:**_____

-----APPROVED FOR CREDIT-----

This student has successfully challenged the above named course and credit is approved.

_____ _____

(Signature of Department Chair) **(Date)**

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Please return this completed form to the Registrar's Office, Room 110, Sparks Hall.