



SOUTHWESTERN ADVENTIST UNIVERSITY

Knowledge. Faith. Service.

REQUEST FOR A UNIVERSITY PREPARED CHALLENGE EXAMINATION

1. Student Information

Name: _____

ID # _____

Major: _____

Class Standing: FR SO JR SR

Contact e-mail _____

2. University Prepared Exam – Complete the following information about the exam requested.

This request meets the guidelines for Proficiency Examinations in the Bulletin which includes taking the exam prior to the final 2 semesters of residence.

Course for which credit will be awarded by examination

Department	Prefix/No.	Title	CrHrs	Instructor giving the exam
------------	------------	-------	-------	----------------------------

_____ Date _____

Signature of the Chair of the Department providing the Challenge Examination

3. Advisor Signature

_____ Date _____

Signature of the Academic Advisor

4. Fee Information

Examination Fee \$ 75.00

Recording Fee \$ 25.00

I understand that I must pay the fees before the examination will be administered and credit will be recorded on my permanent academic record.

_____ Date _____

Signature of the Student

This form and the cashier's receipt for testing fees must be submitted to the Office of the Registrar to obtain an examination Permit.

For Office Use Only