



Course Challenge Exam

**ARN 100 and 100L Fee Total: \$150
(6 credits @ \$15/credit challenge fee + \$35 Written Exam fee + \$25 Lab Supply Fee)*

_____ Date _____ Program _____

_____ Name _____ Student ID# _____

_____ Address _____ City _____ State _____ Zip _____ Telephone Number _____

I petition to be allowed to challenge the following class upon satisfactory completion of the course challenge exam:

_____ Course _____

Student Signature _____
(Below for school use only)

*ARN Written Fee Paid \$ _____ Initial _____ Written Exam is: Completed Not Completed

Challenge Fee of \$15 per Credit: Credits _____ Paid \$ _____ Date _____ Initial _____

*ARN Lab Supply Fee Paid \$ _____ Date _____ Initial _____

Challenge is: Completed Not Completed

Explanation: _____

Faculty Signature _____ Date _____
(Please forward to Division Manager)

Challenge is: Completed Not Completed

Explanation: _____

Division Manager Signature _____ Date _____
(Please forward to Division Registrar)

Challenge is: Completed Not Completed

Explanation: _____

Registrar Signature _____ Date _____

Original in student File Date Emailed to student _____

Distribution: Division Manager Emailed Faculty Advisor Emailed Student Emailed