



Eastern Idaho Technical College

Challenge Exam

Date

Program

Name

SSN or 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)

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

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

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

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 _____

Distribution: Division Manager Emailed Faculty Advisor Emailed Student Emailed