



# ■ REQUEST FOR CHALLENGE EXAMINATION

Student Information		
Student ID		
Last Name	First Name	Middle Name
Academic Program		

## Important Information

1. Students must be matriculated in a degree program to challenge a course.
2. Students cannot challenge more than three courses in a semester.
3. A course may be challenged one time.
4. Students cannot challenge a course of a level lower than related course(s) they have completed or in which they are currently enrolled.
5. A maximum of 60 credits toward a bachelor's degree and 30 credits toward an associate degree may be achieved through challenge examinations.
6. A grade of "C" or better must be earned to achieve credit for the challenge examinations.
7. Challenge examination grades will be recorded as "P" (Passing) and count toward earned credits but not the cumulative GPA or the residency requirement.
8. Only courses taken at NYIT in which a student earned a grade of F, W, or WF may be challenged. A course that is challenged and failed cannot be re-challenged.
9. There is a fee associated with the challenge examinations. Fees can be located at <http://nyit.edu/bursar/tuition>.

Follow the instructions in the order listed.

### 1. To Be Completed by Student

To the Department of \_\_\_\_\_

I am requesting permission to challenge the following course:

Term \_\_\_\_\_ Subject & Course Nbr \_\_\_\_\_ Title \_\_\_\_\_ Credits \_\_\_\_\_

A reason for taking challenge examination:

\_\_\_\_\_

Print Student's Name \_\_\_\_\_ Student's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

### 2. To Be Completed by the Department Chairperson Responsible for the Course

I approve the above-named student to challenge the specified course.

Print Chairperson's Name \_\_\_\_\_ Chairperson's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

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**3. To Be Completed by the Office of the Bursar**

Student is cleared and has been charged a fee per credit.

Print Bursar's Name \_\_\_\_\_ Bursar's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**4. To Be Completed by the Department Designee Who Administered the Test**

Test Administered on This Date \_\_\_\_\_ Letter Grade \_\_\_\_\_ Credits \_\_\_\_\_

Test Administered By \_\_\_\_\_

Print Designee's Name \_\_\_\_\_ Designee's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

*Department to return the form to the Office of the Registrar. It should not be given to the student.*

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*Office Use Only*