

Charleston Southern University

CHALLENGE EXAMINATION REQUEST FORM

SEE REVERSE SIDE FOR RULES AND REGULATIONS BEFORE COMPLETING EXAM

SECTION 1

Name _____ CSU ID # _____
Last First M

Local Address _____ City State Zip
Street

Local Telephone Number _____

Major and Minor _____

Course to be Challenged _____
Course Title and Number Term / Semester Year

I UNDERSTAND THAT BY CHALLENGING A COURSE I WILL RECEIVE A LETTER GRADE THAT WILL BE RECORDED ON MY PERMANENT RECORD AND WILL BE INCLUDED IN THE CALCULATION OF MY CUMULATIVE GPA GRADE POINT AVERAGE.

I have read and understand the Rules and Regulations regarding challenging a course, grading policies and fees to be paid. (See reverse side).

Student Signature _____

Date _____

SECTION 2

Challenge Exam Approval (All signatures required):

(1) _____ (3) _____
Instructor to Administer Exam Date Department Chairperson Date

(2) _____ (4) _____
Student's Adviser Date Registrar Approval Date

SECTION 3

Challenge Fee Paid _____
Amount Paid Business Office Signature Date

SECTION 4

Grade Received _____
Instructor's Signature Date

Exam and Grade Approved for Credit _____
Registrar's Signature Date

"Promoting Academic Excellence in A Christian Environment"