Challenge Examination Form
RECORDS OFFICE, B-150 ASB, 378-4470

Blue or black ink ONLY--Press firmly

Student's Name ___________________________ Soc. Sec. No. ___________________________
                        Last              First              Middle
Address ___________________________ City ___________________________ State ___________ Zip Code ___________

Students may purchase credit by examination if they are currently enrolled or have completed a BYU course
other than through the Department of Independent Study AND they are not currently suspended from BYU.

1. List the course(s) for which you are requesting credit:

2. To take the challenge examination, obtain approval from the Department Chair, or Testing Services for selected GE
courses.
   Approval is given for the above named student to take a challenge examination for the course(s) listed in item 1.
   Department Chair ___________________________ Date ___________________________

3. Pay the required $20 nonrefundable examination fee, per course, at either the Cashier's Office, D-155 ASB, or the
   Testing Center, depending on which test you are taking.

Selected GE Classes
Pay $20 per course at the Testing Center
(see current class schedule for the list)

All Other Departmental Exams
Pay $20 per course at the Cashier's
Office (D-155 ASB)

4. Present the validated form to the examiner for administration of the examination and recording of the grade(s) and
   credit. If you decide not to accept the credit, you must mark it and initial the form at your department.

For Department Use Only

Department Name ___________________________ Catalog Number ___________________________
Course Description ___________________________ Credit Hours ___________________________

The above named student has taken the challenge examination for the course(s) listed above and is to
receive the grade(s) and credit as recorded.
Examiner ___________________________ Date ___________________________

The Department Chair’s signature is needed for final validation and approval of the indicated credit.
Department Chair ___________________________ Date ___________________________

5. This form must be submitted to the Records Office within ONE year from the date the examination was taken. It
must be signed by the student to authorize that the grade(s) be posted.
Student ___________________________ Date ___________________________

Records ___________________________ Year/Term ___________________________ Terminal ___________________________
White Copy ___________________________ Records Office (B-150 ASB) ___________________________ Validation for nonrefundable $20 examination fee
Yellow Copy ___________________________ Department ___________________________ ___________________________
Pink Copy ___________________________ Student ___________________________ ___________________________

Form Number: 0498