

Course Challenge Request



Please complete the student section only, pay the Course Challenge fee, and then submit this form to the Registrar's Office in Student & Enrolment Services. The Registrar's Office will forward the form to the Department Chair and Dean for a decision.

TO BE COMPLETED BY THE STUDENT		
Last Name	First Name	Student ID Number
Address	City/Town/Province	Postal Code
Telephone	Email	
Program of Study <input type="checkbox"/> 3-year BA <input type="checkbox"/> 4-year BA <input type="checkbox"/> BMgt <input type="checkbox"/> 3-year BSc <input type="checkbox"/> 4-year BSc	Year of Program <input type="checkbox"/> Year 1 (0-30 credits) <input type="checkbox"/> Year 2 (31-60 credits) <input type="checkbox"/> Year 3 (61-90 credits) <input type="checkbox"/> Year 4 (91-120 credits)	Semester and Year for which you require consent: Fall Winter Spring 1 Spring 2 Summer 1 Summer 2 Year: _____
Have you previously applied for or received credit through a course challenge? If yes, please list:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Which course are you seeking to challenge? Course Name and Number (ie. ACCT 101)		Number of Credits:
Have you ever enrolled in this course at Concordia University of Edmonton or at any other institution?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you successfully completed the prerequisites and/or corequisites for this course?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this course count as a part of your residency requirement, as stated in the Concordia University of Edmonton Calendar, General Academic Requirements (section 10.0) for your program?		<input type="checkbox"/> Yes <input type="checkbox"/> No
On what basis are you challenging this course? (e.g. background knowledge, previous experience, etc.)? Please be specific.		
Signature of Student		Date

TO BE COMPLETED BY THE REGISTRAR'S OFFICE		
Amount Paid	Receipt Number	
Completed form received by the Registrar's Office	Initials	Date

TO BE COMPLETED BY THE DEPARTMENT CHAIR

The application must be accepted or rejected, by the Department Chair and Dean, within two weeks.

Decision due:

Do you approve the request? Yes No

If yes, which instructor will administer the challenge?

Examination information:

Day:

Time:

Room:

Attached course syllabus, list of requirements that the student must meet, and the specific dates (month/day/year) by which the student must meet those requirements

Note: After the approved exam is complete, the instructor must submit the *Change of Grade Form* indicating Credit (CR) or No-Credit (NC), to be signed by the Chair and Dean and then forwarded to the Registrar's Office.

Department Chair's Signature

Date

TO BE COMPLETED BY THE DEPARTMENT DEAN

Do you approve the request? Yes No

Dean's Signature

Date

TO BE COMPLETED BY THE REGISTRAR'S OFFICE AFTER DECISION GIVEN

Notification of decision

Initials

Date

Change of Grade Form rec'd (if approved)

Initials

Date