

## 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.

<b>TO BE COMPLETED BY THE STUDENT</b>		
Last Name	First Name	Student ID Number
Address	City/Town/Province	Postal Code
Telephone	Email	
<b>Program of Study:</b> <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 <input type="checkbox"/> Dual Degree (BMgt/BSc in Chemistry)	<b>Year of Program:</b> <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) <input type="checkbox"/> Year 5 (121-153 credits) (Dual Degree only)	<b>Semester and Year for which you require consent:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring 1 <input type="checkbox"/> Spring 2 <input type="checkbox"/> Summer 1 <input type="checkbox"/> Summer 2 Academic Year: _____
Have you previously applied for or received credit through a course challenge? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list:		
<b>Which course are you seeking to challenge?</b>		<b>Number of Credits:</b>
Course Name and Number (i.e., ACCT 101)		
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 co-requisites 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.		
<b>Signature of Student:</b>		<b>Date:</b>

<b>TO BE COMPLETED BY THE REGISTRAR'S OFFICE</b>	
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 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