

**SOUTHWESTERN ADVENTIST UNIVERSITY**  
**REQUEST FOR A UNIVERSITY PREPARED CHALLENGE EXAMINATION**

Student Information

Name: \_\_\_\_\_

ID # \_\_\_\_\_

Major: \_\_\_\_\_

Class Standing: FR SO JR SR

Contact e-mail \_\_\_\_\_

University Prepared Exam

Course for which credit will be awarded by examination

Department	Prefix/No.	Title	CrHrs	Instructor giving the exam
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\_\_\_\_\_

Date \_\_\_\_\_

Signature of the Chair of the Department providing the Challenge Examination

Fee Information

Examination Fee        \$ 75.00

Recording Fee            \$ 25.00

I understand that I must pay the fees before the examination will be administered and credit will be recorded on my permanent academic record.

Date \_\_\_\_\_

Signature of the Student

Date \_\_\_\_\_

Signature of the Academic Advisor

Turn this form and cashier's receipt for testing fees to the Office of Admissions and Records. Student will be given an Examination Permit

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