

VERMONT TECH

Office of the Registrar

REQUEST FOR CREDIT BY CHALLENGE EXAMINATION

Students who can document coursework, private study, or on-the-job experiences equivalent to a Vermont Tech course may receive credit by examination. Approval by the department chairperson is required.

Documentation must be submitted to the department chairperson at least three weeks prior to the planned date of testing. After review and acceptance by the chairperson, an application for credit by examination shall be submitted along with a challenge exam fee. Upon satisfactory completion of the exam, a maximum of 12 credits may be given toward any one program. These credits are subject to advanced standing restrictions.

Challenge exams that are taken to replace failed coursework must comply with all of the above criteria and must document new coursework, private study, or on-the-job experience since the failure occurred.

PLEASE NOTE: The materials covered on Challenge Exam are used to demonstrate that you have a firm understanding of the skills and topics covered in the course. The Challenge Exam is not equivalent to the knowledge and skills learned through completion of the actual course and may not cover all of the necessary topics needed as pre/co-requisites to move on to other courses..

Student Name: _____ **ID:** _____

Program/Major: _____ **Term:** _____

Course: _____ **Credit Hours:** _____

I consider myself to be qualified to take an examination in the course listed above for the following reasons: _____

Student Signature: _____ **Date:** _____

PLEASE NOTE: The fee is \$159 per course challenge examination. Once parts A, B, C and D are completed, the form should be submitted to the Registrar's Office for processing.

PART A

(DEPARTMENT CHAIR/DIRECTOR USE ONLY) Department Chair/Director Approval with Signature: _____	
(INSTRUCTOR USE ONLY) Examination (Check One): <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	INSTRUCTOR _____ (Signature Required)
(Print Instructor's Name) Instructor Signature _____ (Signature Required)	

PART B

(INSTRUCTOR USE ONLY) Description of Challenge Examination Criteria: _____ _____ _____ _____
Achievement Level Required to Pass (Numeric Grade): _____
Date Examination will be administered by: _____

PART C

(INSTRUCTOR USE ONLY) Examination (Check One): <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	INSTRUCTOR _____ (Signature Required)
--	--

PART D

(STUDENT ACCOUNTS OFFICE USE ONLY) Student Accounts Office Receipt:	
Fee Paid \$ _____	Date _____
Receipt # _____	Initials _____

OFFICIAL USE ONLY

Credit Applied to Record (TSUM): _____
Notification Sent to Student: _____
Notification Sent to Advisor _____

Date: _____ Init.: _____
Date: _____ Init.: _____
Date: _____ Init.: _____