

**WESTERN CONNECTICUT STATE UNIVERSITY
APPLICATION FOR CHALLENGE EXAMINATION**

Instructions: Complete Section I and submit the application and payment for the HPX Challenge Test to the HPX Office. Print a copy for your records.

I. Student Name: _____ ID: _____ Date: _____

Student Address: _____
(Street) (City) (State) (Zip)

WCSU Email: _____ Phone No.: _____

Major: _____

I request that I be permitted to take a challenge examination for the following:

Departmental Designation	Course #	Course Title	Credit Hours
HPX			

In which term will you be taking the exam (highlight or circle)?

Summer 1 Summer 2 Summer 3 Winter Intersession

II. DEPARTMENTAL CERTIFICATION *to be completed by the instructor who will administer the exam*

I certify that the above named student has been cleared to take the indicated challenge examination.

Date: _____ 20__ Instructor's Signature _____

Instructions: If student is cleared, sign and return application/attached fee to the HPX Challenge Exam Director. If student is not cleared, return application/attached fee to the applicant.

III. RECORD OF APPLICATION FEE PAYMENT *to be completed by the HPX Challenge Exam Director:*

I certify that a fee of \$200.00 per occurrence for matriculated and \$250.00 per occurrence for non-matriculated students has been paid for the above challenge examination.

Total received: \$ _____ Date: _____ 20__ Signature: _____

IV. GRADE REPORT

I certify that the above named student has received a grade of _____ for the challenge examination in HPX _____, _____ for _____ semester hours credit.
(course title)

Date: _____ 20__ Signature of Faculty Member Administering Test: _____

V. REGISTRAR'S CERTIFICATION

I certify that proper entries have been made on the student's records in this office.

Date: _____ 20__ Signature: _____

Distributed by the Registrar's Office: Copy sent to student's Dean and/or Chair and HPX office.