

Internal Challenge Exam Application Form

Students must submit this completed form to the appropriate Academic Division Chair to qualify for the requested internal challenge exam. If credit petition is denied, the Academic Division Chair and/or the Chief Academic Officer will provide written explanation to the student.

Date of Request: _____ Semester: _____

Name: _____

Address: _____ Phone#: _____

Please indicate below the course you are pursuing credit for through internal challenge exam:

Subject	Course No.	Course Name	Credit Hours

Fee: \$25.00 for non-nursing course exams, \$75.00 for nursing designated course exams.

To be completed by the faculty member administering the exam and returned to the appropriate Academic Division Chair.

Exam Assessment Results

Approval for credit is granted based on exam assessment results.

Approval for credit is not granted based on exam assessment results.

For assistance in preparing this request, please contact: The Office of Advising, Career & Transfer Services: Main Building Room 113L, or via email at advising@sunycgcc.edu.

Student Signature: _____ Date: _____

Division Chair Signature (If Approved): _____ Date: _____

Chief Academic Officer Signature (If Approved): _____ Date: _____

Bursar (If Approved): _____ Date: _____

Office of the Registrar: _____ Date: _____