**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:

<table>
<thead>
<tr>
<th>Departmental Designation</th>
<th>Course #</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPX</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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.*