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:

<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>
</tr>
</tbody>
</table>

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.