

**Course Challenge/ Credit by Examination**

Matriculated students, enrolled in one or more courses, may challenge any course that appears on the course challenge list detailed in the course catalog.

DATE \_\_\_\_\_ QUARTER \_\_\_\_\_

CWU ID # \_\_\_\_\_ NAME \_\_\_\_\_

STUDENT E-MAIL ADDRESS: \_\_\_\_\_

Department	Course #	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____

- A fee of \$15 per credit, with a minimum of \$30 per course, must be paid. These fees are non-refundable.
- The challenge is conducted according to procedures established by the departments.
- The result of the course challenge is recorded as "S" or "U" on the transcript and is not used in computing grade point average.
- The application to challenge a course will be denied if credit for the course has been received previously at this or another college, the course was previously failed or withdrawn from, the course was previously unsatisfactorily challenged, audited or if registration was canceled.
- Credit by examination will not be allowed toward meeting the 3-quarter and 45-credit residency requirement of the University.
- Credit by examination must be completed no later than the last instructional day of the quarter.
- Graduate students who have been admitted to a graduate program must obtain permission from the Dean of Graduate Studies and Research, their advisor, and the course instructor for course challenge.

**I have read and understand the above conditions.**

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Approval to challenge course(s):

\_\_\_\_\_  
Instructor (ID #) Department Chair

**→ Once signatures are obtained, return this form to Registrar Services to complete registration for challenged course(s). Registrar Services will post the appropriate fees to your student account. This form will then be sent to the department for administration of the exam.**

**FOR DEPARTMENT USE ONLY:** To be completed and submitted to Registrar Services by the end of the grading period for the current quarter.

Challenge Completed Date: \_\_\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_

INSTRUCTOR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED INSTRUCTORS NAME \_\_\_\_\_

**→ Return form to Registrar Services, Mail Stop 7465**

Office use only - To be completed by Registrar Services

OPERATOR: \_\_\_\_\_ DATE PROCESSED: \_\_\_\_\_ CHARGE: \_\_\_\_\_