

Student Procedure – Challenge Exam

Bismarck State College will permit students to demonstrate college level competency and establish college credits by successfully passing an institution challenge examination.

1. The student consults with his/her academic advisor to develop a degree plan.
2. The student reviews the Student Policy – Challenge Examination.
3. The student contacts the Alternative Learning office to review and discuss student eligibility to take a challenge exam.
4. The Alternative Learning office will contact appropriate Department Chair/Program Manager to determine if challenge examination is available for course.
5. Student completes Challenge Exam Petition form.
6. Student pays challenge fee at the Student Finance office.
7. Alternative Learning office will assist student with scheduling time and date for challenge examination.
8. Student takes challenge examination.

Course Challenge Exam Petition

Instructions for Student:

1. Review Challenge Examinations Policy
2. Return completed form to the Alternative Learning office
3. Pay challenge examination fee to Student Finance office
4. Schedule appointment time for exam with Testing Services

Date	Student ID	Program/Major	
Last Name		First Name	MI
Street / PO Address			
City	ST	Zip	
BSC Email		Phone	

Course Number	Course Title	Credit Hours	Course Instructor
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I understand the procedures and requirements involved in challenging a course for credit at BSC. I acknowledge that I have read and understood the BSC Student Policy – Challenge Examination. I agree that the Department Chair/Program Manager’s evaluation is final.

Signature _____ Date _____

Challenge Fee
 Pay at Student Finance Office
 Receipt # _____
 Cashier Initials _____ Date _____

For Administrative Use Only

PETITION VERIFICATION	
Current BSC Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Currently or previously registered for this course? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature: _____	Date: _____
Alternative Learning Coordinator	
DEPARTMENT CHAIR/PROGRAM MANAGER VERIFICATION	
Course Challenge Examination: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Signature: _____	Date: _____
Department Chair/Program Manager	
COURSE(S) POSTED TO TRANSCRIPT	
Signature: _____	Date: _____
Academic Records	