COLORADO STATE UNIVERSITY CHALLENGE EXAMS

University Policies:

1. Student must be enrolled at Colorado State University at the time the examination is administered.

2. Credits received through challenge exams will not count toward satisfying the residency requirement.

3. A course may not be challenged more than once.

4. All examinations will receive a grade of pass or fail. Only passing grades will be recorded on the transcript.

5. A fee of $20.00 per credit hour will be billed by the Student Accounts Office. The student will be billed whether or not credit is received.

Procedures:

1. Determine if you are eligible to challenge the course.

2. Determine if the department will allow the course to be challenged.

3. Take the application form and obtain the required signatures.

4. Return the application form to the University Testing Service before taking the test.

5. The time and place of the test will be determined by the professor/department administering the test.

6. Test results may be obtained by contacting the professor administering the test. Grades are reported on the transcript only.
COLORADO STATE UNIVERSITY CHALLENGE EXAMS
APPLICATION TO ESTABLISH CREDIT BY EXAM

Student Name:________________________________________________________

CSU ID Number:_________________________________________________________

Local Address:____________________________________Phone:______________

Major:____________________________________Year in School:______________

Course to be challenged:  _____________________________________________

Course Number: _____________  Credits: _______________________________

I certify that I have read and understand the policies and procedures and am eligible to challenge this course.
By accepting service or goods, I agree to submit payment in full to Colorado State University upon receipt of invoice or University Billing Statement. Late payment charges of 1.5% per month and other penalties specified may be assessed for late payment.

Signature of Student:________________________________________________

Authorization Signatures:

Registrar's Office Date

Course Instructor Date

Departmental approval of course to be challenged Date

(For Testing Service use only)

Name of Instructor:________________________________________________

Date of Exam:_____________________________Billing:__________________

Grade Received:__________________________Grade to Registrar__________

Report to Instructor:____________________ IMO#: ___________________