www.lcsc.edu/academicprograms/challengeexams



500 8th Avenue Lewiston, ID 83501

COURSE CHALLENGE FORM

Date:	Student Name (print):		
Student ID:	Major:		
Course requesting to chall	_		
Subject: Course	e NO: Course Title: _		Credits:
	have reviewed the "A_ ng the exam I wish to challeng		ent and acknowledge and accept the
Student Signature:		Date:	
Instructor approval to tak	e Challenge Exam:		
Division Chair: Print/Signature		Date	
Instructor: Print/Signature		Date	
 Students must NOT be just the semester in which Only LCSC approved compared to the students may not challe another means of prior land 	they complete the Challenge Expurses may be challenged; some onge a course during the final semnge a course previously audited,	hey intend to challenge am. courses are not availab nester before being awa	e. Students must currently be enrolled le for Challenge Exams.
_	0.00 *Pay at the Cashiers windo Cashier/Testing Center		
Scheduled Test Date	Lo	ocation	
	ctor will assess the completed cajawea Building Room 222.	exam, and submit thi	s form to the Challenge Exam
Pass: 0	Credit Awarded	Fail: Do no	ot Transcript this Exam
Instructor (sig	nature)	Dat	te
Office Use Only: Registrar's Office Transo	cribed Date:		