



Office of the Registrar

Access to Information and Protection of Privacy - The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 .Chapter —7). It is needed for, and will be used to update, your student record. If you have questions about the collection and use of this information contact the Associate Registrar, Registration and Enrolment Services at 864-8260.

## APPLICATION FOR CHALLENGE FOR CREDIT

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Student Identification Number \_\_\_\_\_

Email (@mun.ca) \_\_\_\_\_ Degree Program Sought \_\_\_\_\_

Major (if applicable) \_\_\_\_\_

I request permission to challenge the following Memorial University course(s) for credit:

1. Subject and Course No. \_\_\_\_\_ 2. Subject and Course No. \_\_\_\_\_

3. Subject and Course No. \_\_\_\_\_ 4. Subject and Course No. \_\_\_\_\_

A WRITTEN rationale for this request must accompany this form. Submit both to the Registrar’s Office either in person, by fax at (709) 864-4893 or by email at transfer.credit@mun.ca. A Challenge Fee of one half the tuition associated with the credit value of the course(s) you wish to challenge must be paid with this application. This fee will be refunded ONLY if the requested course cannot be challenged.

**NOTE:** Acceptance of Challenge for Credit towards a degree at Memorial shall be considered the equivalent of a transfer credit and shall be subject to overall degree requirements, including Residence Requirements and Departmental Regulations.

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

**FOR OFFICE USE ONLY**  
PERMISSION TO WRITE: GRANTED \_\_\_\_ DENIED \_\_\_\_  
DEPARTMENT HEAD’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Credit Card Payment** Provide credit card information here or ensure that a cheque or money order is enclosed.

Credit Card (check one): \_\_\_ VISA \_\_\_ MasterCard Expiry Date: \_\_\_\_\_

Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_