



**APPLICATION FOR CHALLENGE FOR CREDIT**

**NAME**

**STUDENT NUMBER**

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**ADDRESS**

**DEGREE PROGRAMME SOUGHT**


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**MAJOR (If Applicable)**

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**REQUEST PERMISSION TO CHALLENGE THE FOLLOWING MEMORIAL UNIVERSITY COURSE(S)**

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Justification for making this request must be submitted, **IN WRITING**, with this application. A Challenge fee of 1/2 the cost associated with the credit value of the course you wish to challenge must be paid with this application. This fee will be refunded **ONLY** if the requested course cannot be Challenged for Credit.

**FOR OFFICE USE ONLY**

**PERMISSION TO WRITE: GRANTED** \_\_\_\_\_ **DENIED** \_\_\_\_\_

**DEPARTMENT HEAD'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PLEASE 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:** \_\_\_\_\_