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APPLICATION FOR CHALLENGE FOR CREDIT

NAME

STUDENT NUMBER

ADDRESS

DEGREE PROGRAM SOUGHT

MAJOR (if applicable)

EMAIL

I AM REQUESTING PERMISSION TO CHALLENGE THE FOLLOWING MEMORIAL UNIVERSITY COURSE(S):

Rationale for making this request must be submitted, IN WRITING, with this application. A Challenge fee of one half 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.

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: _____

FOR OFFICE USE ONLY

PERMISSION TO WRITE: GRANTED _____ DENIED _____
DEPARTMENT HEAD'S SIGNATURE: _____
DATE: _____