



OFFICE OF THE REGISTRAR

Application for Challenge for Credit

A **written** rationale for this request must accompany this form. Submit both the rationale and this form to the Registrar's Office either in person, emailed to transfer.credit@mun.ca or faxed to 709 864 4893.

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 academic unit regulations.

Processing Time: Approximately 4-8 weeks.

Fee: 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.

Inquiries can be directed to transfer.credit@mun.ca or 709 864 4424.

Student Information

MUN Student ID Number	First (Given) Name	Last (Family) Name
Telephone	@mun.ca email	

Course(s) to Challenge

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

1. Subject and course number	2. Subject and course number
3. Subject and course number	4. Subject and course number

For Office Use Only	Application for challenge: Accepted Denied	
	Signature of Department Head	Date (Month/Day/Year)

Authorization

Student Signature	Date (Month/Day/Year)
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Personal Information and Protection of Privacy: The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 c M-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 709 864 8260.

Method of Payment

Memorial University offers students a variety of payment methods. Each methods is described in detail by [Financial and Administrative Services](#). Questions regarding methods of payment should be directed to cashiers@mun.ca.

Credit Card (choose one): Visa Mastercard	
Credit Card Number	Expiry Date (MM/YYYY)
Name on Card	Signature

For Office Use Only	FOAPAL: 100001 46201 51960 4102
_____ courses being challenged at \$ _____ each = \$ _____	Cashier's Stamp