

Application for Course Challenge

Date of Application: _____

Course Challenged: _____

Student Last Name: _____

First Name: _____

Student PEN Number: _____ (can be obtained from the school)

Mailing Address: _____

Postal Code: _____ Telephone: _____

Current Grade Level: _____ Birthdate: _____ Sex: M F

I have talked to the following teachers/school personnel about challenging this course:

- I have reviewed and am able to demonstrate mastery of the learning outcomes designated for the course challenge.
- I realize that a variety of assessment procedures will be used.
- I recognize that the full course must be challenged for credit.
- I confirm that I have not completed the course in a previous enrolment with this or another school.
- I understand that the results of the challenge process will be added to my student file as a part of my student record.
- I understand that acceptance of my application to challenge this course is not a guarantee of success in the challenge exam.

Student Signature

Parent/Guardian Signature)