



A TECHNICAL COLLEGE

3427 North Main Avenue
Scranton, PA 18508-1495

Permission for Challenge Examination

I, _____ seek to obtain credit for the following courses by
(Print Student's Name)

taking the appropriate departmental challenge examination.

Course Number	Course Title	Credits
_____	_____	_____

I understand that I must submit a non-refundable test fee of \$100 prior to the examination. I accept responsibility for any course content missed which might be needed in the future.

Student Signature

Date of application

Approval Signatures:

Department Chair: _____

VP of Academic Affairs: _____

Registrar: _____

Office Use Only

Date of Examination: _____

Test Administered by: _____

Final Numerical Score: _____

Final Letter Grade: _____