

**Somerset Community College
REQUEST FOR SPECIAL EXAM**

I request the opportunity to take a challenge examination in:

Course Title: _____ Fee: Lab \$40.00 Lecture \$20.00

Course Number: _____ Receipt NO. _____

My request is based on the following reasons:

Student Signature: _____

Student ID: _____ Phone Number: _____

Request granted: _____ Request denied: _____

Instructor's Signature: _____ Date: _____

Program Coordinator's Signature: _____ Date: _____

Department Chair's Signature: _____ Date: _____

Instructors Report for Exam

The grade in this class to be recorded as Credit by Examination is:

Circle the appropriate grade: **P** **F**

Date: _____ Signature: _____

Registrar's Notes

Subject _____ Academic Plan: _____

Program Plan _____ Term _____

Recorded on student's record (date) _____ by _____