

SACRED HEART JUNIOR COLLEGE

COURSE CHALLENGE APPLICATION

Instructions: Please provide the information requested in print, and return the completed application to the Office of the Registrar.

LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT ID
PROGRAM		TODAY'S DATE (DD/MM/YYRR)	
SEMESTER (Check one) <input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Summer Academic Year 20__ - 20__			
CHALLENGE COURSE CODE		CHALLENGE COURSE TITLE	
LECTURER'S LAST NAME:		LECTURER'S FIRST NAME:	

PREVIOUS KNOWLEDGE AND EXPERIENCE:

For Official Use ONLY by Registrar:

Grade has been entered on Registrars Database

Done By: _____

Date Changed: _____

Registrar/Asst. Registrar's Signature: _____

For Official Use ONLY by Lecturer:

LETTER GRADE OBTAINED: _____

Comments: _____

Lecturer's Signature: _____

Date: _____