



_____ High School

**CHALLENGE ASSESSMENT APPLICATION
FORM 2016-2017**

Student Name: _____
Last Name First Name & Initials

Student ID #: _____ Date: _____

NAME OF COURSE TO BE CHALLENGED: _____

Please Note: Course being challenged cannot have been attempted during current semester.

- Challenging a higher-level course earns a “P” for pass in the lower level course and course credits.
- To be eligible for a scholarship it is recommended the course exams be written in each course level
- Please see the Department Head for details.

PREVIOUS COURSES TAKEN IN THE SUBJECT AREA:

COURSE	TEACHER/SCHOOL	MARK
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REASONS FOR THE CHALLENGE ASSESSMENT REQUEST (be specific)

FOR OFFICE USE ONLY

Application: Approved: _____ Rejected: _____

Principal’s Signature: _____

Dept. Head Signature: _____

Date of Assessment: _____ Mark Received: _____

Course Code and Name: _____