1. **Student’s Name** ____________________________________________________________  
   **Student’s I. D. Number** ________________

2. **Course Number & Title** _________________________________________________________  
   Number of Credits ________

3. A challenge examination for the above course is authorized.  
   ____________________________________________________________  
   Department Chair’s or Designee’s Signature    Date

4. The student takes this form to the Cashier’s Office (HH-219), pays the non-refundable $75 course examination fee (CAPE excepted).  
   ____________________________________________________________  
   Cashier’s Signature       Date  
   The Cashier returns the form to the academic department.  
   ____________________________________________________________  
   Date Form Received in Department from Cashier   Initials

5. The above student has  passed ☐  failed ☐  the challenge exam.  
   ____________________________________________________________  
   Department Chair’s or Designee’s Signature    Date

6. The department forwards this form to Accounts Receivable.  

7. Accounts Receivable calculates the charge at 50 percent of the part-time student in-state tuition rate in effect at the time of payment.  

8. Upon receipt of payment, Accounts Receivable sends this form to the Registrar’s Office where the exam results are recorded on the transcript.  

*All offices authorizing examination charges and academic credit should make and retain a copy of the Authorization Form.*

Copy Distribution: Cashier’s Office, Academic Department, Student, Registrar’s Office, Billing & Accounts Receivable