

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: _____

Division Chair's Signature: _____ Date: _____

Academic Dean'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: _____ Instructor's Signature: _____

Dean of Student's Validation

Approved Date: _____ Dean's Signature: _____

Registrar's Notes

Subject _____ Academic Plan: _____

Program Plan _____ Term _____

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