

P.O. Box 5300, 1250 Grand Lake Road, Sydney, NS Canada B1P 6L2

> registrar@cbu.ca Tel: **902-563-1330**

## COURSE CHALLENGE REGISTRATION FORM

## SECTIONS ONE AND TWO MUST BE COMPLETED BEFORE THIS FORM IS PRESENTED TO THE REGISTRAR'S OFFICE.

NOTE: The Registrar's Office will not retain a copy of this form beyond the end of the academic year. You are encouraged to retain your copy for future reference.

SECTION 1 - STUDENT	
Student Name:	Student ID:
Course No. (e.g. ENGI205):	No. of Credits:
Course Title:	
Challenge for: Credit Exemption	
Student Signature:	Date:
Complete the section above and present to the a	ppropriate Department Chair.
SECTION 2 - ACADEMIC DEPARTMENT	
Dept. Chair's Signature:	Date:
Examining Professor's Name:	Exam Date:
Examining Professor's Signature:	Date:
Complete sections 1 and 2 and take three copies	of the form to the Registrar's Office.
SECTION 3 - REGISTRAR'S OFFICE	
The course challenge fee, 25% of the normal tui	tion rate for the course must accompany this form.
Amount of payment received: \$	
Challenge approved: Yes No	
Signature of Registrar:	Date: