

CHALLENGE EXAM REGISTRATION



UNIVERSITY OF
SOUTHERN MAINE
OFFICE FOR PRIOR
LEARNING ASSESSMENT

253 Luther Bonney Hall
P.O. Box 9300, 32 Bedford Street
Portland, Maine 04104-9300
(207) 780-4663 or 1-800-800-4876, x 4663

NOTE: Challenge Exams are given at the discretion of the faculty and the appropriate department chair.

PLEASE PRINT

Today's Date _____

Full Name _____ ID# _____ DOB _____

Street address _____

City, State and Zip _____

Day Telephone _____ Evening Telephone _____

E-mail address _____ Fax # _____

CHECK APPROPRIATE BOXES IN THE SECTIONS BELOW AND COMPLETE THE INFORMATION REQUESTED:

Expected date of the exam: _____ **NOTE: A NUMERICAL GRADE OF "C" OR ABOVE IS REQUIRED TO PASS.**

Form of the exam: Written Examples of written work Interview or oral presentation Performance or demonstration
 Requires specialized equipment or evaluative techniques to complete exam successfully

TITLE(S) OF COURSE(S) FOR WHICH EXAM CREDIT IS REQUESTED **CREDIT HOURS REQUESTED**

USM catalog # and title _____ :

NAME OF USM PROFESSOR DOING THE EVALUATION

.....
SIGNATURE OF ABOVE PROFESSOR (REQUIRED)

DATE

.....
SIGNATURE APPROVAL OF THE DEPARTMENT CHAIR (REQUIRED)

DATE

Is the Office for Prior Learning Assessment administering the written challenge exam? Yes No

If yes, you must obtain the signature of the Director of Prior Learning Assessment before taking the exam:

.....
SIGNATURE APPROVAL OF JOYCE LAPPING, DIRECTOR OF PRIOR LEARNING ASSESSMENT

DATE

● **\$75 Preparation Fee paid prior to the time of examination**

JAN09

PREPARATION FEE ONLY:

Account to be credited: **06 6805005 45322 21 00** Credit Card Exp. Date _____ Type of card: Visa MC Discover
Amount received: \$ _____
Date received: _____ Name on card: _____ V# _____
Method of payment: Check Cash

NAME OF STUDENT _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____