

General Studies
Extended Education

APPLICATION FOR CHALLENGE FOR CREDIT

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TO BE COMPLETED BY STUDENT

Student's Name _____ Student Number _____

Address: _____ Phone Number _____

Department Name _____ Course Number _____ (Lecture A93) Credit Hours _____

Session this course is to be Challenged in:

Fall Term (December Exams) 20____ Winter Term (April Exams) 20____ Summer Session 20____

I feel I would be successful in challenging this course for the following reasons: _____

I hereby certify that I have not I have previously registered for and/or registered and withdrawn from this course at The University of Manitoba and/or another University or College. (If you have, please provide details e.g. University, course number, when taken, what happened, results): _____

Student's Signature _____ Date _____

TO BE COMPLETED BY DEPARTMENT HEAD OF DEPARTMENT OFFERING THE COURSE

Department Approval: Yes No

Final Exam Written Oral Lab

Exam Length 2 hours 3 hours

Restrictions (if any): _____

Prerequisites (if any): _____

Comments: _____

Signature of Department Head _____ Date _____

Form to be returned to Extended Education (General Studies), Room 166 Extended Education Complex – see over

TO BE COMPLETED BY EXTENDED EDUCATION (GENERAL STUDIES)

Student's current status: Special Mature Visitor

Student's application: Approved Not Approved

Authorized Signature: _____ **Date** _____