General Studies
Extended Education

APPLICATION FOR CHALLENGE FOR CREDIT

This personal information is being collected under the authority of The University of Manitoba Act. It will be used for the purpose of assessing the applicant’s eligibility to challenge a course for credit. It will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act. Your personal information is protected by the Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your personal information, contact the FIPPA/PHIA Coordinator’s Office (tel. 204-474-8339), University of Manitoba Archives & Special Collections, 331 Elizabeth Dafoe Library, Winnipeg, MB, Canada R3T 2N2.

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I hereby certify that I have not ☐ I have ☐ previously registered for and/or registered and withdrawn from this course at The University of Manitoba and/or another University or College.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 _____________________

Revised October, 2018   GS/Office Forms/Challenge for Credit Form