



Challenge Exam

Student Name:

Student ID number:

Director/Division Chair/Associate Dean completes form below, in conjunction with faculty evaluator, then sends completed form to transfer.services@azwestern.edu

Course(s) to be Challenged			Challenged Results			
Course Prefix & Number	Course Title	Num. of Credits	Section Information (Prefix, course number, section number)	Term	Grade	Points

Challenge Exam denied (provide reason below)

Director/Division Chair Evaluator (Printed Name)

Director/Division Chair Evaluator Signature & Date

Associate Dean Approval to Challenge Exam(s)

Associate Vice President Verification after Exam(s)

To: Transfer Services

INTERNAL USE ONLY

Date division approved challenge:
Date exam(s) completed:
Date Submitted to Transfer Office:
Date Processed: