

## COURSE CHALLENGE PETITION

Student Name: \_\_\_\_\_ CityU Student ID No. : \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

City, St/Prov: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Course to be challenged:**

No: \_\_\_\_\_ Title: \_\_\_\_\_

**Rationale for Course Challenge Petition:** (Please indicate the prior learning or experience that has provided the student with sufficient background in the subject matter to anticipate a successful challenge.)

**X**

\_\_\_\_\_  
SIGNATURE OF STUDENT DATE

**X**

\_\_\_\_\_  
STUDENT ADVISOR'S NAME SIGNATURE DATE

**Please submit this petition to the Office of the Registrar**

(OFFICE USE ONLY)

Date Fee Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Initials: \_\_\_\_\_

Eligible for challenge?  Yes  No Registrar's Initials: \_\_\_\_\_

If not eligible, why?

Academic Approval:  Approved  Denied Date: \_\_\_\_\_

If not approved, why?

If Exam, date ready: \_\_\_\_\_ Time/Date Exam was taken: \_\_\_\_\_

Exam proctored by: \_\_\_\_\_ Exam prepared and graded by: \_\_\_\_\_

If Portfolio, date submitted: \_\_\_\_\_ Portfolio graded by: \_\_\_\_\_

\*Assigned Grade: \_\_\_\_\_ Program Director's Name: \_\_\_\_\_

**X**

\_\_\_\_\_  
SIGNATURE DATE

\*A Pass Grade (P) is 2.0 or better at the undergraduate level and 3.0 or better at the graduate level. If a lesser grade is earned, a No Pass Grade (NP) will be assigned.

\*\* Course Challenge requests/completions may not be used/counted for enrollment within a term.