



Registration and Records Office
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 Roseburg, Oregon 97470
 541.440.4604 | Fax 541.440.7713
 Registration@umpqua.edu

Course Challenge Application

Office USE ONLY

Fee Paid \$10 Date ___/___/___ Initials: _____

When course challenge is complete:

CRN Set up Date ___/___/___ Initials: _____

Note: A student may challenge a course only once.
 If examination is not passed, the student must regularly enroll in the course in order to obtain credit.

Last Name _____ First Name _____ Middle Initial _____ Student ID Number _____

Program of Study _____

Section 1 – COURSE TO BE CHALLENGED

Course			
Course Number	Course Title	Credits	Instructor who will administer the examination(s)
SP 111 (Ex.)	Speech	4	Paula Usrey

Section 2 – JUSTIFICATION

Justification for challenge: _____

I understand this course does not count towards eligibility for athletics, financial aid, or veteran's benefits and I may NOT use financial aid funds to pay for a course challenge. I verify the above information is accurate, and it may be used for follow-up studies by Umpqua Community College.

Student Signature _____ **Date:** _____
Signifies Approval & Authorization.

Section 3 – SIGNATURES

I hereby certify that the above named student has my approval to challenge the course listed above and a grade will be submitted at the close of the current term. The challenger's name will be added to the appropriate grade sheet by the Registrar's Office.

Instructor Signature _____ **Date:** _____
Signifies Approval & Authorization.

Department Chair Signature _____ **Date:** _____
Signifies Approval & Authorization.

Section 4 – COURSE CHALLENGE COMPLETE (Get signatures when course challenge is complete ONLY)

I hereby certify that the above named student has completed the course challenge.

Instructor Signature _____ **Date:** _____
Signifies Approval & Authorization.

Registrar Signature _____ **Date:** _____
Signifies Approval & Authorization.