SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
BOARD OF GOVERNORS
SCP-3201.B

SUBJECT: **Challenge Examination Results Form**

REFERENCE: **SCP-3201, Challenging a Course/Credit by Examination**

PART A: TO BE COMPLETED BY THE DEPARTMENT CHAIR

Student: _____ ID:_____

Request credit in _____ for _____ credit hours.

Department Chair _____

Dates(s) of consultation with student _____

Student is eligible for challenge examination: ☐ Yes ☐ No If no, explain _____

_____

_____

PART B: TO BE COMPLETED BY THE FACULTY

Date on which contact was initiated by student: _____

Evaluation by: _____ _____
Faculty Member Date of Evaluation

Attach this form to the student's exam along with a narrative describing the evaluative process.

Minimum score required for passing: _____ Student's exam score: _____

Recommended for credit: ☐ Yes ☐ No If yes, number of credit hours: _____

Faculty Signature: _____ Date _____

PART C: POST-EVALUATIVE REQUIRED SIGNATURES

Approved by: _____ _____
Department Chair Date

Approved by: _____ _____
Division Dean Date

Approved by: _____ _____
Chief Academic Officer Date

Approved by: _____ _____
Registrar Date