



# NORTHERN COLLEGE

## REQUEST FOR ADVANCED STANDING – CHALLENGE EXAM

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Campus: \_\_\_\_\_

### CHALLENGE EXAM APPLICATION

*(To be completed by the Student)*

Students who feel they have the required knowledge (through audit, informal studies, OAC's, experience, etc.) to address the course outcomes, may apply for challenge by exam by completing the following procedures:

- Complete the Request for Advanced Standing (Challenge Exam) form and submit it to Services Office at your campus
- Use only one form for each Challenge Exam you are requesting
- Pay required Challenge Exam fees to the Student Services Office
- Bring the signed Advanced Standing Form to your Program Coordinator
- Program Coordinator will schedule an Exam date
- The grade achieved on the challenge exam shall be recorded on the student's transcript
- A student who fails a Challenge Exam may not challenge the course again until one full academic semester has passed
- Students may not challenge a course more than twice. If the student is unsuccessful after two challenges, he/she will have to retake the course

I hereby apply for advanced standing in the following Northern College course (**ONE form per course request**):

Course Name: \_\_\_\_\_ Course Code: \_\_\_\_\_

Program : \_\_\_\_\_ Program Code: \_\_\_\_\_

*I have read and understand the details about the Challenge Exam Application.*

Student Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

*NOTE: The Request for Advanced Standing Challenge Exam Form must be submitted by the student by date stated in Academic Calendar. Fully completed forms must be received in the Registrar's Office within three weeks of that date.*

### CHALLENGE EXAM EVALUATION

*(College Use Only)*

#### **PAYMENT** *(to be completed by Student Services staff)*

Payment Received: \$ \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### **CHALLENGE EXAM DETAILS AND RESULTS** *(to be completed by the Program Coordinator or designate)*

Date of Exam: \_\_\_\_\_  Pass  Fail Grade Received: \_\_\_\_\_

Faculty (if necessary): \_\_\_\_\_ Date: \_\_\_\_\_ Department: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_ Department: \_\_\_\_\_

(Forward signed form to [pathways@northern.on.ca](mailto:pathways@northern.on.ca), Program Coordinator will notify student)

**TRANSCRIPTING** (to be completed by Registrar's Office)

Transcribed by: \_\_\_\_\_ Date: \_\_\_\_\_