School of Health Technology and Management

Petition for Challenge Examination

Student ____________________________ Stony Brook ID# ____________

Department ____________________________

Course Designation ____________________________ Number of Credits ______

Course Name ____________________________

Module(s) ____________________________ Year _________________

Previous challenge credits accrued ____________________________

Justification (submit evidence) ____________________________

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_________________________________________ Student’s Signature ____________ Date ______

Signatures:

Faculty Advisor ____________________________ Date ____________

Department Chair ____________________________ Date ____________

Course Instructor ____________________________ Date ____________

Challenge Exam successfully completed: Yes ________ No ________

Grade earned: __________

____________________________________________________________________

Instructor’s Signature ____________ Date ____________

cc: Faculty Advisor
    Department Chair/Program Director
    Assistant Dean for Academic/Student Affairs
    HSC Office of Student Services

revised 6/10/02