

**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) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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