

BUGEMA UNIVERSITY CHALLENGE EXAM REQUEST FORM



NAME: _____ ID. NUMBER: _____

MAJOR: _____ MINOR: _____

I would like to take Challenge Exams in the following Course (s)

S. No.	Course Code and Title	Previous Performance Record				Lecturer's Signature
		C/W	Exam	Total	Grade	
1.						
2.						
3.						

Note: This is an examination designed for those students who have taken introductory courses to which they have been exposed at acceptable level. A challenge examination will not be given for a failed or repeated course. Not more than 6-8 credits can be earned through challenge examinations.

DECLARATION:

I have approved the request for the Challenge Exam for the courses listed above:

1. Head of Department (Name)..... Signature:Date:

2. Director of Exams (Name)Signature:Date:

3. Financial Clearance: Amount paid.....Receipt No:

Clearing Officer (Name & Signature): Date:

FOR OFFICIAL USE ONLY	
ACTION TAKEN: _____	
ACTION NUMBER: _____	DATE: _____

NOTE: Students are responsible for bringing this request form to the Registrar's Office.

COPIES TO:

1. Registrar's Office (Original) 2. Business Office 3. Department 4. Examinations Office