



GRADUATE STUDIES  
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## Graduate Degree Seeking Course Challenge Examination

ADV Form 3d

**IMAGING:** GRSChalngExam  
 Admit Year/Term:

*Prior to examination(s), a \$20 non-refundable fee per course must be paid to Student Services (D-155 ASB).  
 Please submit completed form (including cashier's validation) to Graduate Studies (105 FPH) within one year of examination.*

### Student Information

Name _____				BYU ID number _____	
Current Mailing Address _____				Graduate Department _____	
City _____	State or Province _____	Postal Code _____	Country _____	Graduate Program _____	
Telephone Number _____		E-mail Address _____		Graduate Degree _____	
Country of Citizenship _____		US Permanent Resident # (If applicable) _____		<b>Semester/Term and Year Admitted:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer   _____ Year	

### Course Challenge Information

*A maximum of 10 semester hours may be obtained through challenge examinations.*

Course Number _____	Course Title _____	Credits _____	Justification for Challenge Exam _____
Course Number _____	Course Title _____	Credits _____	Justification for Challenge Exam _____
Course Number _____	Course Title _____	Credits _____	Justification for Challenge Exam _____

### Course Challenge Approval

Approval is given for the above named student to use course challenge examination credit(s) listed above as part of the graduate program.

Printed Name of Graduate Committee Chair _____	Original Signature of Graduate Committee Chair _____	Date _____
Printed Name of Graduate Coordinator or Department Chair _____	Original Signature of Graduate Coordinator or Department Chair _____	Date _____
Printed Name of Examining Department Chair _____	Original Signature of Examining Department Chair _____	Date _____

### Course Challenge Examination Results

Course Number _____	Course Title _____	Credits _____	Grade _____	Code 121      Cashier's Validation	
Printed Name of Examiner _____			Original Signature of Examiner _____		Date _____
Course Number _____	Course Title _____	Credits _____	Grade _____		
Printed Name of Examiner _____			Original Signature of Examiner _____		Date _____
Course Number _____	Course Title _____	Credits _____	Grade _____		
Printed Name of Examiner _____			Original Signature of Examiner _____		Date _____

**Office Use Only**

ADV06    ADV08

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