

REQUEST FOR CHALLENGE EXAM

STUDENT ENROLMENT, REGISTRATION & RECORDS (SERR)
Bermuda College P.O. Box HM 2718, Hamilton HM LX BERMUDA
T: 236-9000 ext. 4145 | FAX: 239-4051 | E: serr@college.bm

To the Division of: • Arts & Science • Business, Hospitality & Techhnical Education (Circle one of the above)	
Programme:	
Student Name:	
Surname Maiden (if applicable)	
Student ID#:	Date of Birth:
Contact Numbers: (H) (C)	(W)
Email:	
Request to Challenge: (course name and number)	
In accordance with the College Calendar, I am requesting to take a test to challenge the course listed above to: □ receive credit □ satisfy a pre-requisite	
 In regards to writing a challenge exam, I do understand the challenge exam a fee is \$50.00, payable (2) A course may be challenged only once. (3) I cannot challenge a course for which I alread (4) A maximum of 15 credits may be earned by course for a feet of the course for which I alread (5) A grade of at least C must be obtained to earned example for a feet of the course for writing for writing for the course for writing for the course for writing for writing for the course for writing for the course for writing for writing for the course for writing for wr	dy have a grade at Bermuda College. challenge. rn credit, but no grade will be recorded in the tered and the GPA is not affected.
Student Signature:	Date: D / M / Y
ADMINISTRATIVE USE ONLY:	Date:D / M / Y
Response: (Credit Received) (Credit Denied)	
Examination Date:	Time:
Challenge Examination Grade:	
Signature of Dean:	