

| To the Division of: $\Box$ Arts & Science $\Box$ Business, Hospitality & Techhnical Education  |  |
|--|--|
| $\Box$ Nursing and Applied Health  |  |
| Name:  | ble) First Name Middle Initial   |
| Bermuda College Student ID#:   | Date of Birth: D / M / Y   |
| Contact Numbers: (H) (C)   | (W)  |
| E-mail:  |  |
| Programme:   |  |
| Request to Challenge: (course name and number)   |  |
| Background information/previous knowledge of the course:   |  |
|  |  |
| Academic performance in the course previously:   |  |
| Other comments:  |  |
| I recognize that the following conditions pertain to me taking this examination:   |  |
| <ul><li>(1) I must be officially registered in the course.</li><li>(2) There is no refund given for the course.</li></ul>  |  |
| <ul><li>(3) An early examination for this course can be called a course of the examination is written, the graded and the graded and the course of the examination is written.</li></ul> | be written only once during a semester.<br>e is final, and I do not have the option of remaining               |
| <ul><li>in the course.</li><li>(5) The examination cannot be written later t</li></ul>   | han the first day of classes after the mid-semester break.   |
|  | n Dean and Lecturer will establish the most appropriate<br>r practical examinations, essays or any combination |
| <ul><li>thereof) and will notify the student.</li><li>(7) The grade will be calculated in the student's GPA.</li></ul>   |  |
| Lecturer's Name:   | Lecturer's Signature: D / M / Y  |
| Student Signature:   | Date:  |
| FOR OFFICIAL ADMINISTRATIVE RESPONSE ONLY:   |  |
| Application: Approved / Disapproved (circle one)   | Comments:  |
| Signature:   | Print Name:  |
| Date:  | Result/Grade:  |