

EARLY EXIT EXAMINATION APPLICATION

To the Division Dean of: ■ **Business, Hospitality & Technical Education** ■ **Liberal Arts**

(Circle one of the above)

Name: _____

Surname
Maiden (if applicable)
First Name
Middle Initial

Bermuda College Student ID#: _____ Date of Birth: _____ D / M / Y

Contact Numbers: (H) _____ - _____ (C) _____ - _____ (W) _____ - _____

Email: _____ 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:

- (1) I must be officially registered in the course.
- (2) There is no refund given for the course.
- (3) An early examination for this course can be written only once during a semester.
- (4) Once the examination is written, the grade is final, and I do not have the option of remaining in the course.
- (5) The examination cannot be written later than the first day of classes after the mid-semester break.
- (6) If the application is successful, the Division Dean and Lecturer will establish the most appropriate means of examination (written, oral, lab or practical examinations, essays or any combination thereof) and will notify the student.
- (7) The grade will be calculated in the student's GPA.

Lecturer's Name: _____ Lecturer's Signature: _____

Student Signature: _____ Date: _____ D / M / Y

FOR OFFICIAL ADMINISTRATIVE RESPONSE ONLY:

Application: **Approved / Disapproved** *(circle one)* Comments: _____

Signature: _____ Print Name: _____

Date: _____ D / M / Y Result/Grade: _____