

HENDERSON COMMUNITY COLLEGE
KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM

Establishment of Credit by Examination

EMP. ID _____ DATE _____

I have discussed the possibility of the course listed below with my advisor and the class instructor and believe myself capable of successfully passing this exam.

I, _____, do hereby request a challenge exam in
(Please print student's name)

(Course)

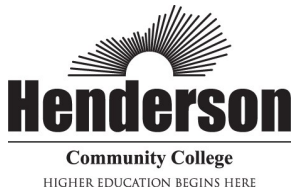
STUDENT'S MAILING ADDRESS:

STREET CITY STATE ZIP

APPROVED FOR EXAMINATION BY:

Division Chairperson

Program Coordinator



DO NOT COMPLETE BELOW THIS LINE

DATE OF EXAMINATION: _____ GRADE RECEIVED: _____

INSTRUCTOR'S SIGNATURE: _____

ADMISSIONS OFFICE ONLY
DATE PROCESSED: _____
PROCESSED BY _____

BUSINESS OFFICE ONLY
FEE PAID: _____
RECEIVED BY: _____
RECEIPT #: _____