

Medical Terminology Challenge Exam Request Form

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LPN to BSN students wishing to attempt the Medical Terminology Challenge Exam in lieu of taking HS160 should complete this form and submit the completed copy to the Dean of Nursing for initial approval.

STUDENT INFORMATION	ACADEMIC INFORMATION
ID Number <input type="text"/>	Degree (Major) <input type="text"/>
Name Last, First, Middle <input type="text"/>	
Home Address <input type="text"/>	
Student E-mail <input type="text"/>	
Phone # <input type="text"/>	

By signing below, the Challenge Exam candidate acknowledges:

1. That an exam fee of \$100 will be assessed to the student's ledger.
2. That the exam will be scored on a Credit/No Credit basis. The minimum score needed to earn credit is 70%.
3. The exam may only be attempted once and only a successful attempt will be reflected on the student's academic record.
4. The exam is to be proctored by the Testing Center, and it is the student's responsibility to schedule the testing appointment once approved to test and after the \$100 fee is assessed to their ledger.

Student Signature _____ Date Completed _____ Approved by Dean of Nursing

Dean of Nursing Signature _____ Date Completed _____ Denied by Dean of Nursing

OFFICE OF RECORDS & REGISTRATION USE ONLY:

Processed By _____ Date Completed _____

Distributed to Testing Center and Bursar's Office on: _____