

**TROY UNIVERSITY**  
**School of Nursing**

**APPLICATION FOR CHALLENGE EXAMINATION**

**Instructions:** Complete Section I online, print, and submit application and check for the Challenge Examination fee to the Office of the Program Director of the program in which you are enrolled. Print a copy for your records.

**I. Student Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Email:** \_\_\_\_\_ **Daytime phone:** \_\_\_\_\_ **Alternate phone:** \_\_\_\_\_

**Program:** [ ] ASN [ ] BSN [ ] RN to BSN/MSN [ ] MSN **Other:** \_\_\_\_\_

I request that I be permitted to take a challenge examination for the following:

<b>Departmental</b>	<b>Course</b>	<b>Course</b>	<b>Credit</b>
<b>Designation:</b> _____	<b>Number:</b> _____	<b>Title:</b> _____	<b>Hours:</b> _____

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**II. DEPARTMENTAL CERTIFICATION** to be completed by the instructor who will administer the exam

I certify that the above named student has been cleared to take the indicated challenge examination.

**Date:** \_\_\_\_\_ **Instructor's Signature:** \_\_\_\_\_

**Instructions:** If student is cleared, sign and return application/attached fee to the Office of the Program Director. If student is not cleared, return application/attached fee to Office of the Program Director for return to the applicant.

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**III. RECORD OF APPLICATION FEE PAYMENT** to be completed by the Office of the Program Director.

I certify that a fee of **\$50.00 per credit hour** has been paid for the above challenge examination.

**Total received:** \$ \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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**IV. GRADE REPORT**

I certify that the above named student has received a grade of \_\_\_\_\_ for the challenge examination in

NSG \_\_\_\_\_, \_\_\_\_\_ (course title) for \_\_\_\_\_ semester hours credit.

**Date:** \_\_\_\_\_ **Signature of Faculty Member Administering Test:** \_\_\_\_\_

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**V. RECORDS OFFICE CERTIFICATION**

I certify that proper entries have been made on the student's records in this office.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

PRC ( ) Computer ( ) P & S Control ( )

Distribution to be made by Records Office: Copy sent to School of Nursing Program, Student, and Records Office