

School of Health Technology and Management

Petition for Challenge Examination

Student _____ Stony Brook ID# _____

Department _____

Course Designation _____ Number of Credits _____

Course Name _____

Module(s) _____ Year _____

Previous challenge credits accrued _____

Justification (submit evidence) _____

_____ Student's Signature _____ Date _____

Signatures:

Faculty Advisor _____ Date _____

Department Chair _____ Date _____

Course Instructor _____ Date _____

Challenge Exam successfully completed: Yes _____ No _____

Grade earned: _____

_____ Instructor's Signature _____ Date _____

- cc: Faculty Advisor
- Department Chair/Program Director
- Assistant Dean for Academic/Student Affairs
- HSC Office of Student Services