



# **MONTCLAIR STATE**

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# UNIVERSITY

## **Department of Computer Science Request for Challenge Exam/Credit by Exam**

**Date of Request:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Is formally requesting to take the Challenge Exam for CSIT** \_\_\_\_\_

**CWID:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_

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### **Procedure:**

1. Student must submit a copy of this completed request along with payment (currently \$125.00) to the Bursar's office. Student: keep your receipt.
2. Student must bring to the exam a) a photo ID, and b) the receipt from payment for the exam.
3. Upon successful completion of Challenge Exam/Credit by Exam with a Department Faculty member, a Credit Adjustment form is completed by the department and submitted along with a) a copy of the formal request form, and b) proof that payment was made to the Bursar.