

**CHALLENGE FOR CREDIT APPLICATION FORM**

**Please complete all sections of this form. Incomplete applications may delay processing of your request.**

Name \_\_\_\_\_ Student Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Female Male

Parent/Guardian Name & Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone (H) \_\_\_\_\_ Telephone (W) \_\_\_\_\_

Last school attended \_\_\_\_\_

**For Office Use Only**

School \_\_\_\_\_  
Course \_\_\_\_\_  
Coordinator \_\_\_\_\_  
Application  **Approved**  **Denied**   
Met with Coordinator \_\_\_\_\_  
(Date) \_\_\_\_\_  
Challenge Demonstration \_\_\_\_\_  
(Date) \_\_\_\_\_  
**Results of Challenge (%)** \_\_\_\_\_  
\*Fee \$20 \_\_\_\_\_ \$80 \_\_\_\_\_  
**\*Applicable if the course to be challenged is NOT taught in the district**  
**\*\*Additional fees may be charged to cover actual cost.**

**THIS IS AN APPLICATION FOR THE OPPORTUNITY TO CHALLENGE FOR CREDIT**

1. I wish to *challenge* the course entitled \_\_\_\_\_ which is:  
A provincially examinable course \_\_\_\_      A provincial course \_\_\_\_  
A Board/Authority authorized course \_\_\_\_      A locally developed course \_\_\_\_  
Numbered 10 \_\_\_\_ OR      Numbered 11 \_\_\_\_ OR      Numbered 12 \_\_\_\_

2. Describe in 75 to 250 words how successfully challenging this course will fulfill your Student Learning Plan. The written paragraph will be evaluated according to:  
● identification of the relationship of course challenge to personal, academic or career goals;  
● demonstration of your growth toward meeting the Significant Outcomes highlighted in the Student Learning Plan folder.

3. Complete the Checklist for Course Challenge (see reverse)  
4. Submit the application with the checklist (see reverse) to the designated Department Head or Administrator.

I, \_\_\_\_\_, request consideration for **Challenge for Credit** and agree  
(Name)  
to provide any supporting information needed for that process.

Signature of Student \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Signature of School Administrator \_\_\_\_\_

### CHECKLIST FOR COURSE CHALLENGE TO BE USED BY STUDENTS/TEACHERS

		Yes	No
1.	I understand that the entire course is challenged for credit and I will not be eligible for partial credit.	<input type="checkbox"/>	<input type="checkbox"/>
2.	This course is offered at the school at which I am enrolled.	<input type="checkbox"/>	<input type="checkbox"/>
3.	I have not previously enrolled in this course.	<input type="checkbox"/>	<input type="checkbox"/>
4.	This is the first time I have challenged this course.	<input type="checkbox"/>	<input type="checkbox"/>
5.	I know the time schedule for challenge. <u>Challenges may be made only at designated times.</u>		
6.	If this is a provincially examinable course, I know when the examination period will be. <i>I must complete the stipulated work for the course mark before I may take the provincial exam.</i>	<input type="checkbox"/>	<input type="checkbox"/>
7.	I have met with a counsellor who helped me identify the potential benefits and liabilities of the challenge request.	<input type="checkbox"/>	<input type="checkbox"/>
8.	I have completed the application form which includes: <ul style="list-style-type: none"> <li>• an explanation of the reason for the challenge with its relationship to my Student Learning Plan, and</li> <li>• copy of my Student Learning Plan.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I am aware of the requirements outlined by the District for <i>Challenging for Credit</i> .	<input type="checkbox"/>	<input type="checkbox"/>
10.	I am aware that non-examinable course credit through challenge may not be considered by some post-secondary institutions for admission purposes.	<input type="checkbox"/>	<input type="checkbox"/>
11.	I am ready to challenge because of: <ul style="list-style-type: none"> <li>• independent learning in a related area, or</li> <li>• prior learning from another educational jurisdiction, or</li> <li>• recommendation by a teacher. <i>Name of Teacher:</i> _____</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
12.	I am prepared to demonstrate mastery of the required Learning Outcomes (as identified in the relevant Ministry of Education Integrated Resource Package) for the course challenge through a variety of assessment procedures.	<input type="checkbox"/>	<input type="checkbox"/>

The information on this form will be used solely for the purpose of processing your application of *Challenge for Course Credit*. This application will be placed in your file after processing.