Prior Learning Assessment Program

APPLICATION FOR DEPARTMENT CHALLENGE EXAM

Date: ________________
Name: ___________________ BHCC Student ID# ___________________
Street ___________________________ City________________ Zip ____________
Date of first attendance at BHCC ___________
Are you matriculated in a degree or certificate at BHCC? Yes _____ No___________
Name of degree/certificate and year of acceptance ________________________________
Title of Challenge Exam ______________________________________________________

CHALLENGE EXAM PROCEDURES:

Applications must be submitted to the PLA Office, Room H-165, Ext. 2350.

A check or money order for $ _____ made payable to BHCC- PLA.

An appointment to take a Challenge Exam must be made at the PLA Office or with the
Appropriate department faculty member.

Bring a picture ID with you on the day of the exam.

THE EXAM MUST BE COMPLETED IN ONE SITTING OR AS SPECIFIED BY THE
FACULTY.

Test Date/ Time ____________________________________________________________

Student Signature _________________________________________________________
Comments ________________________________

PLA