



Prior Learning Assessment Program

APPLICATION FOR DEPARTMENT CHALLENGE EXAM

Date: _____

Name: _____ SS# _____

Street _____ City _____ Zip _____

Date of first attendance at BHCC _____

Have you applied for 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 E- 235, 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 copy of this application and 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 _____