

**Upward Mobility / Challenge Exam
Application**

Student Information (complete and return to Test Center)

Student Name: _____ **Date:** _____

SID: _____ **Phone number:** _____

E-mail Address: _____

Please list below the information for the course listed in the current FGC catalog for which you are applying to receive credit. A separate application is required for each course.

Course #: _____ **Course Name:** _____

Student Signature: _____ **Date:** _____

(Please type name and date if sending electronically.)

For Admin Use Only:

Approve (Circle One): **Yes** **No** **Date** **Initials**

VP/Director/Coordinator's Signature

Exam scored Score: _____

Student notified _____

Form to be added to student's file upon completion.