



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 _____