



# MARINE INSTITUTE

## Application for CHALLENGE EXAM

Name:

Programme:

Term:

Student Number:

Telephone Number:

Email:

I have read the *Challenge Examination Regulations*, and wish to challenge the following Marine Institute course(s):

Course Name:

Course Number:

Course Name:

Course Number:

Once this form is completed, or if you have any questions or concerns regarding this form, please email: [reghelp@mi.mun.ca](mailto:reghelp@mi.mun.ca)

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

**FOR OFFICE USE ONLY**

Application Status: \_\_\_\_\_

Review Date: \_\_\_\_\_

Signature \_\_\_\_\_

REG-012-07-F1

**Access to Information and Protection of Privacy:** The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information, contact the Office of the Registrar at [miregistrar@mi.mun.ca](mailto:miregistrar@mi.mun.ca)