Challenge Exams are scheduled on an individual basis. Please complete Step 1 and Step 2 and then mail this form to Northern Essex Community College, Academic Placement & Testing Center, Attention: Donna Felisberto, Coordinator, 100 Elliott Street, Haverhill, MA 01830 or Fax to 978-556-3169. Once the form and payment are received and processed, you will be contacted via email about scheduling your test date. All Exams are administered by designated faculty members who may not be available during the summer or winter intercession. Exam times will be worked out between the faculty member and the student and administered at a mutually agreeable time. Please allow several weeks for scheduling, grading, processing and the posting of credits.

Step 1: Select the course you wish to challenge. (Please use one form per exam).

☐ CIS101 Computer for Beginners (3 cr.)  ☐ CIS110 Computer Applications (3 cr.)

☐ CIS112 Integrated Computer Applications (4 cr.)  ☐ CIS113 Database Management (4 cr.)

☐ Other Computer Course __________________________________________________________________________

Please enter Course #, Course Name, # of credits.

First Name: __________________ M.I. ___ Last Name: __________________ NECC Student ID# or Social Security #: __________

Address: ____________________________________________________________________________________________

Street    City    State    Zip Code

Daytime Tel#: __________________ Evening Tel#: __________________ Email: __________________

Academic Program: ______________________________________________________________________________________

Please make sure that your program requires that you take this exam (check with your advisor).

We cannot guarantee that Challenge Exam credits will transfer to another college.

Step 2: Payment

Cost = $50.00 per credit plus a $10.00 administrative fee

Number of credits X $50.00 = $_________________________ + $10.00 fee = ___________________ (total amount due)

Payment Method (Check one): ☐ Money Order (Made payable to NECC) |

☐ Credit Card (Check one and fill out the card information on this form): ☐ Master Card ☐ Visa ☐ AMEX

Card #__________________________________ Exp. Date ________________________

Bursar Authorized (Office Use Only) __________________ Cardholder’s Signature __________________ Date _____________

Please complete the form with payment information: Payment by credit card requires this form with credit card information be faxed to the number below and payment by money order requires this form and the money order, made payable to NECC, to be mailed to the address below or hand delivered to the Academic Placement & Testing Center.

Northern Essex Community College, Academic Placement & Testing Center
Attention: Donna Felisberto, Coordinator
100 Elliott Street, Haverhill, MA 01830
Technology Center, Room TC-128
Fax to 978-556-3169
Statement of Disclosure

I understand that the awarded credit can be applied toward completion of my current program of study at Northern Essex Community College and that credits earned through the Challenge Exam program may not transfer to another academic institution. I also understand that Challenge Exam fees of $50.00 per credit hour and an administrative fee of $10.00 are due prior to administration of the exam. The fees are applied to the expenses incurred for exam preparation, administration, and grading. Therefore fees are not refundable regardless of my performance on the Challenge Exam. Academic Area approval of this request, when required, does not certify or guarantee my ability to be successful on this challenge. Credits earned by Challenge Exams do not apply toward academic residency requirements. I also understand that I must obtain a minimum of a “C” in order to be awarded credit, my transcript will reflect a “P” (Pass) and not a letter grade, and the “P” will not impact my grade point average.

Student Signature: ___________________________________________ Date: _______________________

SECTION 3: Grade Report

Registrar please record grade for the above named student.

Course #: ____________ Course Title: ___________________________________________ Credits: ____________

Grade: ____________ (pass/fail) Examiner Signature: _____________________________ Date: _____________

Registrar CRN# ____________ CRN# ____________ # of credits posted ____________ Date _____________ Initials ________