



Course Challenge Exam

Phone 208.524.3000 ext. 4 – Fax 208.525.7026
1600 S 25th E – Idaho Falls, ID 83404 – www.cei.edu

Student Information

Date _____ Student ID _____
Full Name _____ Program _____
Address _____ Phone Number _____

Course Information

- I would like to challenge the course listed below.
- I understand that I am required to pay the challenge fee prior to each course challenged.

Course _____ Credits _____
Signature _____ Date _____

For CEI Use

1. Courses are \$15 a credit.
2. Additional fees may be charged dependent upon the course being challenged.

Business Office

Amount Paid _____ Initial _____ Date _____

Instructor Granting Challenge Exam

Challenge Course: Passed Failed

Comments

Signatures

Faculty _____ Date _____
Faculty _____ Date _____
Dept. Chair _____ Date _____
Dean CTE/GE/HHS _____ Date _____
Registrar _____ Date _____