

*MEDICINE HAT PUBLIC BOARD OF EDUCATION OPERATES AS MEDICINE HAT PUBLIC SCHOOL DIVISION,
AND FOR THE PURPOSE OF THIS DOCUMENT WILL BE REFERRED TO AS "MHPSD" AND/OR "DIVISION"*

SECTION 600 – Students

ADMINISTRATIVE PROCEDURE - EXHIBIT: APPLICATION FORM:
STUDENT-INITIATED COURSE CHALLENGE ASSESSMENT

<i>EXHIBIT CODE:</i>	<i>616 E 001</i>
Policy Reference: 616 – Student Assessment	

EXHIBIT

See below for Application Form.

Approved: May 17, 2005

Revised: May 7, 2013

APPLICATION FORM: STUDENT-INITIATED COURSE CHALLENGE ASSESSMENT

Name of Student:	_____	Grade:	_____
Name of School:	_____		
Date of Application:	_____	AB Ed. No.:	_____
Name of Course to be Challenged:	_____		
Course Previously Challenged:	_____		
Date:	_____	Mark:	_____
Previous Courses Taken in this Subject Area:			
	Course	Year	Teacher
			Mark
1.	_____		
2.	_____		
3.	_____		
NOTE: If previous courses are taken at a different school, documentation must be provided (i.e. report card)			

Explain why you want to challenge this course:

Describe what competencies you possess and explain how you have acquired the expected knowledge, skills and attitudes for the course you wish to challenge.

Recommendation from the last teacher with whom you had in this subject, OR name and phone number of a person who may provide you with a reference.

I understand that a challenge exam will assess my present skills, knowledge and attributes to compare them to existing course requirements. I understand that I will undertake the challenge without any additional teaching or coaching.

I understand that my course challenge will apply only to a course that is at the **higher level** in a course sequence than the course for which I have pre-requisite standing, or is at a similar level in an alternative course sequence.

I understand that the final mark or grade which I achieve on this assessment will be recorded on my Alberta Education Transcript.

I understand that a portfolio or collection of work, tests, progress reports, and documentation of experience, should accompany this request form when it is submitted.

I understand that if I cannot initially produce a portfolio which demonstrates my prerequisite skills, knowledge and attributes, I will do a series of assignments to demonstrate such skills, knowledge and attitudes.

I understand that a challenge, in any particular course, may be completed only once.

Student Signature: _____

Parent/Guardian Signature: _____

FOR OFFICE USE ONLY			
Application: _____	Approved	OR	Rejected
Principal or Designate Signature _____			
Date: _____			
CONDITIONS:			
1. Date challenge process is to be completed: _____			
2. Other: _____			
3. Other: _____			