



Office of the Registrar

1812 Sir Isaac Brock Way
St. Catharines ON L2S 3A1
T: 905.688.5550 x3099
F: 905-988-5488
www.brocku.ca/registrar

Challenge for Credit

STUDENT INFORMATION

Name: _____ Brock Student ID Number: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
Street: _____ Telephone: _____
City: _____ Province: _____ EMAIL: _____@brocku.ca
Postal Code: _____ *Correspondence will be through Brock email account only.

COURSE INFORMATION

Subject Number Duration Section [] SP [] SU [] FW |_|_|_|_|_|_|_|_|_|_|
year
|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

I have read and understand the rules and regulations regarding Challenge for Credit (FHB III: 9.5)

Student's signature: _____ Date: _____

APPROVAL FROM INSTRUCTOR

I hereby give permission for the student named above to register for the course indicated. Upon completion of the Challenge for Credit, a Request to Change a Grade form will be submitted to the Office of the Registrar indicating the final grade.

Instructor's signature: _____ Date: _____

APPROVAL FROM BROCK CENTRAL

It has been verified that this student's financial account is in good standing and registration course changes may be completed.

Brock Central signature: _____ Date: _____

APPROVAL FROM THE GOODMAN SCHOOL OF BUSINESS (For Business students only)

It has been verified that this student meets the course restrictions and has completed all course prerequisites and this addition will not cause the course selection to exceed the maximum course enrollment.

Goodman School of Business signature: _____ Date: _____

Protection of Privacy
Brock University gathers and maintains information used for the purpose of admission, registration and other fundamental activities related to being a member of the University community and to attending a public post-secondary institution in the Province of Ontario.

FOR OFFICE USE ONLY

Effective date of change: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
Signature: _____ [] SP [] SU [] FW |_|_|_|_|_|_|_|_|_|_|