

HORIZON SCHOOL DIVISION

Student-Initiated Challenge Assessment

Form

NAME OF SCHOOL: _____

NAME OF STUDENT: _____ **GRADE:** _____

DATE OF APPLICATION: _____

NAME OF COURSE TO BE CHALLENGED: _____

A. List any previous courses taken in the subject area:

Course: _____ **Mark:** _____

Course: _____ **Mark:** _____

Course: _____ **Mark:** _____

Course: _____ **Mark:** _____

Course: _____ **Mark:** _____

NOTE: If previous course(s) were taken at a different school, documentation must be provided.

B. Reasons for this Challenge Assessment (Please be Specific):

C. List the provision of evidence that will accompany this application to demonstrate readiness to challenge the course; e.g. portfolio, other collection or documentation of work and/or work experience and a recommendation of a teacher:

I understand that the final grade that I achieve on the Course Challenge Assessment will be recorded on my Alberta Education Transcript.

Student Signature

Parent/Guardian Signature