

PROFICIENCY EXAMINATION REQUEST

DATE: _____ DIVISION: _____

STUDENT NAME (please print) STUDENT ID NUMBER

COURSE TITLE COURSE NUMBER CREDIT HOUR(S)

Request is made to take a proficiency examination in the above course. Examination is given only by approval and payment of examination fees (fee shall be a minimum of one credit hour tuition or one-half the current tuition charged by the College for that course, whichever is greater).

_____ Approved Not Approved

DIVISION CHAIRPERSON Date

_____ Fee paid (Receipt Attached)

BUSINESS OFFICE Date

_____ Approved Not Approved

REGISTRAR Date

This is to certify that _____ has has not

successfully passed the proficiency examination for _____

Course

on _____

Date

Instructor Division Chairperson

All regulations and procedures governing proficiency examinations as stated in the College Catalog have been met. Please enter proficiency credit on the student's permanent record.

Vice President for Instruction Date