

Request to take Proficiency Exam



Student Name (Last, First M.I.) _____

Address _____

Phone Number _____

Student ID Number _____

Student SSN _____ - _____ - _____

Course Title(s)/Number(s) for which Proficiency is being taken

Student Signature

Date

Departmental Use Only

Proficiency is proven by:

Completion of an upper-level course

A copy of the completed final exam for the upper-level course with grade must be filed with the testing center)

This student has permission to take the proficiency exam for the course above.

Dept Chair _____ Date _____

Testing Center Use Only

Term in which the proficiency is being attempted _____

Fee amount _____