

Request to take Proficiency Exam



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

Address _____

Phone Number _____

Student ID Number _____

Student SSN _____ - _____ - _____

Course Title/Number for which Proficiency is being taken

Student Signature

Date

Departmental Use Only

Proficiency is proven by:

- Test
- Portfolio
- Performance (music only)

Test will be given:

- In the Department (a copy of the completed exam with grade must be filed with the testing center)
- In the Testing Center

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

Dept Chair _____ Date _____