

APPLICATION FOR DEPARTMENTAL PROFICIENCY EXAMINATION

(Please Print)

NAME _____
Last First Middle Soc. Sec. Number

I hereby request permission to take the Departmental Proficiency Examination in:

Department Course Number Title of Course

This request is based on my having had education, experience, or previous training as follows:

Date _____ Student Signature _____

DEPARTMENT CHAIR RECOMMENDATION

Department Course Number Credits

Instructor assigned to administer examination: _____

Date _____ Department Chair Signature _____

NOTE: When approved by the Department Chair, student must present a receipt to the instructor from the Business Office showing the fee has been paid. Fee: \$15.00 per credit hour (non-refundable), with receipt stapled to form.

REPORT BY INSTRUCTOR ADMINISTERING EXAMINATION

I certify that I have administered the Departmental Proficiency Examination to above listed person, the examination being of comparable caliber as administered to my regular residence students, and I am recommending the grade of _____
(Credit not awarded for grade of less than a "B")

Date _____ Instructor Signature _____

APPROVAL FOR CREDIT ON PERMANENT RECORD

Department Course Number Title of Course Credits

Date _____ Signed _____
Office of Records and Registration