

--	--	--	--	--	--	--	--	--	--

DEPARTMENTAL PROFICIENCY EXAMINATION APPLICATION

Name _____ Student ID _____
(Please Print)

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

Department _____ Course No. _____ Title of Course _____

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

Student Signature _____ Date _____

DEPARTMENT CHAIR RECOMMENDATION

Department _____ Course No. _____ Credits _____

Instructor assigned to administer examination: _____

Department Chair Signature _____ Date _____

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.

Completed form must be sent to the Office of the Registrar by the instructor. Student is not permitted to hand carry this document to the Office of the Registrar.

INSTRUCTOR ADMINISTERING EXAMINATION REPORT

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").

Instructor Signature _____ Date _____

APPROVAL FOR CREDIT ON PERMANENT RECORD

Department _____ Course No. _____ Title of Course _____ Credits _____

Initials OTR _____ Date _____