



REQUEST FOR PROFICIENCY

Student ID #: _____

Semester/Year: _____

Name: _____

Address: _____

Telephone: _____ Curriculum: _____

COURSE FOR WHICH PROFICIENCY IS REQUESTED: _____

Please list occupational experience and/or educational background closely parallels those experiences and objectives required by the course:

PRIOR AUTHORIZATION OF PROFICIENCY EXAMINATION:

Instructor: _____

Department Head: _____

Associate Dean: _____

RESULTS: _____

PROFICIENCY CREDIT IS GRANTED TO THE STUDENT NAMED ABOVE:

Vice President for Instructional Services

Date

Original: Registrar's Office (Student Academic File)

Copy: Instructor
Department Head
Associate Dean
Student

Financial Aid will not pay for a course in which proficiency credit is granted. You will either have to pay for the course out-of-pocket or physically take the course in the classroom. Some universities will not accept courses in which proficiency credit is given. If you need this course to transfer, you should check with your transfer institution about their policy regarding proficiency credit.