

PROFICIENCY EXAMINATION AUTHORIZATION

Student Name _____ ID No. _____

Box No. _____ Faculty Advisor _____

<u>Course No.</u>	<u>Course Title</u>	<u>Credits</u>	<u>Semester</u>
_____	_____	_____	_____

1. Request for exam approved by Instructor.

Instructor Signature

2. Request approved by Department Chair.

Department Chair Signature

3. Select one of the following:

Request waiver of requirement only (no credit).
Payment of \$_____ received.

Business Office Representative Signature

Request waiver of requirement and credit.
Payment of \$_____ * received.

*Payment calculation:

\$_____ +
Test fee

Date

Credits _____ +

Per credit rate X _____ = \$_____ +
Transcription fee

4. Complete exam. Attach copy of test.

Instructor Signature

Date

_____ (Minimum grade of C- required to pass)
Grade

5. Instructor returns completed form to Records Office.

Date Received

Date Grade Posted

Distribution: Instructor Advisor Student Business Office Payroll Office