COLUMBUS STATE OFFICE OF THE REGISTRAR	# REQUEST FOR PROFICIENCY (X) CREDIT

Students wanting to take a proficiency examination must receive permission from the Department Chairperson. A $50.00 fee will be charged for each proficiency examination **prior** to the student taking the examination.

PLEASE SUBMIT THIS FORM TO THE APPROPRIATE ACADEMIC DEPARTMENT FOR REVIEW.
ALL FIELDS MUST BE COMPLETED FOR PROCESSING.
PLEASE ALLOW 10 (TEN) BUSINESS DAYS FOR PROCESSING.

TO BE COMPLETED BY STUDENT (PLEASE PRINT):

Name:_____   _____ _____
LAST   FIRST   MI

Cougar ID Number: _____

Program of study:_____

Street Address:_____ Apt Number:_____

City:_____   State:_____   ZIP Code:_____

Daytime Telephone: (_____)_____   Evening Telephone: (_____)_____

Student Signature (Required):_____   **Date:** ____/____/____

TO BE COMPLETED BY THE ACADEMIC DEPARTMENT:

COURSE NUMBER	CREDIT HOURS	CHAIRPERSON SIGNATURE	DATE
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

FOR OFFICE USE ONLY

Date received:_____/_____/_____   Date completed:_____/_____/_____

Completed by (Please print - Required):_____

Signature (Required):_____