



REQUEST FOR PROFICIENCY (X) CREDIT

Students wanting to take a proficiency examination must receive permission from the Department Chairperson. A \$50.00 fee shall be charged for each proficiency examination **prior** to the student taking the examination. Examinations are available to Nursing Technology students **after** their acceptance into the Nursing Technology Program.

PLEASE NOTE: This form will not be processed without the receipt showing the \$50.00 fee has been paid. Please attach the original receipt to this form.

ALL FIELDS MUST BE COMPLETED FOR PROCESSING.

TO BE COMPLETED BY STUDENT (PLEASE PRINT):

Name: _____
LAST FIRST MI

CougarID 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:

<u>Course Number</u>	<u>Credit Hours</u>	<u>Credit Granted</u>	<u>Chairperson Signature</u>	<u>Date</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	____/____/____

FOR OFFICE USE ONLY

Date received: ____/____/____ Date completed: ____/____/____

Completed by (Please print - Required): _____

Signature (Required): _____