

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 5 (FIVE) BUSINESS DAYS 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>CHAIRPERSON SIGNATURE</u>	<u>DATE</u>
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

FOR OFFICE USE ONLY

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

Completed by (Please print - Required): _____

Signature (Required): _____