

--	--	--	--	--	--	--	--	--	--

## DEPARTMENTAL PROFICIENCY EXAMINATION APPLICATION

Name \_\_\_\_\_ Student ID \_\_\_\_\_  
(Please Print)

I hereby request permission to take the Departmental Proficiency Examination in:

Department \_\_\_\_\_ Course No. \_\_\_\_\_ Title of Course \_\_\_\_\_

This request is based on my having had education, experience or previous training as follows:

\_\_\_\_\_  
 \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

---

### DEPARTMENT CHAIR RECOMMENDATION

Department \_\_\_\_\_ Course No. \_\_\_\_\_ Credits \_\_\_\_\_

Instructor assigned to administer examination: \_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** When approved by the Department Chair, student must present a receipt to the instructor from the Business Office showing the fee has been paid. Fee: \$15.00 per credit hour (non-refundable), with receipt stapled to form.

**Completed form must be sent to the Office of the Registrar by the instructor. Student is not permitted to hand carry this document to the Office of the Registrar.**

---

### INSTRUCTOR ADMINISTERING EXAMINATION REPORT

I certify that I have administered the Departmental Proficiency Examination to above listed person, the examination being of comparable caliber as administered to my regular residence students and I am recommending the grade of \_\_\_\_\_ (credit not awarded for grade of less than a "B").

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

---

### APPROVAL FOR CREDIT ON PERMANENT RECORD

Department \_\_\_\_\_ Course No. \_\_\_\_\_ Title of Course \_\_\_\_\_ Credits \_\_\_\_\_

Initials OTR \_\_\_\_\_ Date \_\_\_\_\_