## APPLICATION FOR DEPARTMENTAL PROFICIENCY EXAMINATION

NAME	Last	First	Middle	Soc. Sec. Number
I hereby request perm	ission to take the Departme	ntal Proficiency Exam	ination in:	
Department	Course Number		Title of Cours	se
This request is based of	on my having had education	, experience, or previo	ous training as follows:	
Date	Stu	dent Signature		
*******		**************************************	**************************************	***********
Department	Course Number	Credits		
Instructor assigned to	administer examination:			
Date	Dep	partment Chair Signat	ле	
	ed by the Department Chai e: \$15.00 per credit hour (			om the Business Office showing th
*****			INISTERING EXAMI	**************************************
I certify that I have administered	ninistered the Departmental I to my regular residence sto	Proficiency Examinal udents, and I am recon	ion to above listed person, the mending the grade of	e examination being of comparable not awarded for grade of less than a "B"
Date				*******
******			N PERMANENT REC	
Department	Course Number		Title of Course	Credits
Date	Signed			
		Of	fice of Records and Registration	on