

APPLICATION FOR PROFICIENCY EXAMINATIONS

STEP 1: TO BE COMPLETED BY THE STUDENT AND RETURNED TO OFFICE OF THE REGISTRAR, ADM 128.

Date: _____

I hereby request permission to take a proficiency examination in the following course(s) that have been given and are currently authorized by Chicago State University.

DEPARTMENT	COURSE NUMBER	TITLE	CREDIT HOURS

I believe that I have acquired the content covered and/or skill required in the course(s) in the following manner:

Please Check:

- I am currently enrolled at CSU and working toward a Bachelor's Degree.
- I am not currently enrolled at CSU.

Please Print:

Student's full legal name		
<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>

E-mail address (must be student's unique CSU email address)	CSU ID number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> @ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Student's address		
<small>Street</small>	<small>City</small>	<small>State</small>

Phone No. () _____ **Student's Signature:** _____

STEP 2: TO BE FILLED IN BY RECORDS AND REGISTRATION.

OFFICE USE ONLY

Applicant is is not	enrolled at CSU working towards a Bachelor's Degree .
CSU Grade Point Average:	Cumulative: _____ Last Term: _____
Applicant's first session at CSU:	_____
Staff's Signature:	_____

STEP 3: TO BE FILLED IN BY FACULTY EXAMINER AND DEPARTMENT.

DEPARTMENT	COURSE NUMBER	GRADE

Signature of Faculty Examiner: _____ **Date:** _____

Approval of Department Chairman: _____ **Date:** _____

Passing grades for course credit: based on proficiency examinations are determined by the respective departments. No entry will be made on applicant's Permanent Record for grades below passing. Only "**P**" grades are recorded on the student record upon successful completion of a proficiency examination.