



# APPLICATION FOR PROFICIENCY EXAMINATIONS

Office of the Registrar | Cook Administration 128 | Phone: 773.995.2517 | Fax 773.995.3618 | Email: csu-registrar@csu.edu

Date: \_\_\_\_\_

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

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:

\_\_\_\_\_

\_\_\_\_\_ I am currently enrolled at CSU and working toward a Bachelor's Degree.

\_\_\_\_\_ I am not currently enrolled at CSU.

**Please Print:**

<b>Last Name</b>			<b>First Name</b>			<b>Middle Name</b>															
<b>E-mail address (must be student's unique CSU email address)</b>						<b>CSU ID number</b>															
						@	c	s	u	.	e	d	u								
<b>Student's address</b>																					
<b>Street</b>						<b>City</b>						<b>State</b>									

Phone No. (     ) \_\_\_\_\_ **Student's Signature:** \_\_\_\_\_

<b>STEP 2: TO BE FILLED IN BY RECORDS AND REGISTRATION.</b>	<b>OFFICE USE ONLY</b>
Applicant is _____ enrolled at CSU working towards a <b>Bachelor's Degree</b> .	
_____ is not	
CSU Grade Point Average: <b>Cumulative:</b> _____	<b>Last Term:</b> _____
Applicant's first session at CSU: _____	
<b>Staff's Signature:</b> _____	

**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.

**STEP 4: TO BE RETURNED TO THE OFFICE OF THE REGISTRAR, ADM 128, BY THE DEPARTMENT ONLY.**

Returned completed forms to the Office of the Registration for recording on permanent record.