CLEAR FORM

PRINT

CHICAGO STATE UNIVERSITY

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:

Last Name	*First Name*	*Middle Name*

E-mail address (***must be student's unique CSU email address***)

									@	c	s	u	.	e	d	u

CSU ID number

Student's address

Street	*City*	*State*

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.

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.