ABTCC CREDIT BY EXAMINATION

I, _____ request a proficiency examination for the
PRINT FULL NAME

Course _____ _____ _____
Prefix Number Course Title

and offer the following basis for proficiency in the course: (SEE INFORMATION ON BACK OF THIS FORM)

Please check as appropriate:

_____ I have not previously taken a proficiency exam for this course.
_____ I do not have <u>any</u> recorded grade from previous enrollment in this course.
_____ I am <u>now</u> enrolled in this course and have paid my fees for it.
_____ I understand that by receiving proficiency credit, my course load will be reduced which may affect my eligibility for financial assistance through the College, VA, Financial Aid and JTPA programs. I certify that administrators of each of these programs (if applicable) have been notified <u>in writing</u> regarding my proficiency exam intentions and that I agree to promptly repay any financial aid overpayment resulting from a reduced course load.

_____ _____ _____ _____
Student Signature Date Social Security No. Major Curriculum

INSTITUTIONAL USE ONLY

Instructor / Chair-person / Division Director

I approve this request for credit by examination.
I disapprove this exam request for the following reason(s):

I have reviewed the exam to be administered and certify that it is comprehensive and appropriate for this course.
I disapprove the content/nature of the exam to be administered for the following reason(s):

_____ _____
Instructor Date

_____ _____
Department Chairperson Date

_____ _____
Division Director Date

Proficiency Exam: Passed____ (Minimum Score 80) Failed ____

Numerical Score_____

_____ _____
Examining Faculty Date

The instructor for this student has been informed of the result of the exam.

_____ _____
Vice President,Instructional Services Date

(PLACE IN PERMANENT RECORD)