

REQUEST FOR PROFICIENCY EXAM CREDIT

CTIII	DENT	DFO	UEST:
5111		KFII	112512

Student Name:			UC ID #:		
I am requesting to take	a proficiency exam for colleg	ge credit in the	following class:		
Code:	Credit Hours:				
Guidelines:					
 Student has Student has A course alree If the exam i Office to the of "Credit by within the st any way. One 	Proficiency" will also be presen udent's cumulative credit totals the exam credit has been awar	se in the same su a proficiency ex urse and title wil grade of "CR" wi t above the cour on the transcrip ded, the course	abject as the request camination. Il be added to the stu ill be posted (i.e., "cr rse on the transcript. of but the grade will and credits will rema	ed exam. Ident's record by the Records redit"). A corresponding notation The credits will be reflected not impact the student's GPA in ain on the student's transcript.	
SIGNATURES:		========	==========		
Student Print:	Sig	Date:			
Advisor Print:	Date:				
Instructor Print:Signature:				Date:	
Records Office Print: Signature:				Date:	
A flat fee of \$2	5 will be charged to the student		U U	-	
FOR DIVISION USE ONLY:	=======================================				
The grade for the above	proficiency exam is:				
Program Director Print	:	Date:			
FOR RECORDS OFFICE USE ONLY:					
Fees Charged:					
	Proficiency Exam Fee		\$ 25.00		
	Recording Fee/Credit Hr # of Credit Hrs	\$ 15.00			
	Total Recording Fee				
	TOTAL CHARGED				
Records Office:				Date:	

Union College Records Office | Dick Building 507 | 3800 S 48th Street, Lincoln, NE 68506 Phone: (402) 486-2529 | <u>records@ucollege.edu</u>