Proficiency Exam Application Form

**Student:** Complete this form and take to appropriate campus for payment. The fee is **$45** per credit hour and is not refundable if the examination is failed. **Fees must be paid before proficiency examination is taken.**

Semester________________________________________ Date________________________________________

Name________________________________________________ ID#________________________________

Address _______________________________________________________________________________________________________________

City_________________________________________________ State_______________ Zip_______________

Course Number & Title________________________________________________ Credit Hours_________
(If unsure, please check College catalog.)

Person giving Proficiency Test______________________________________________________________

**SSCC Staff -** Please complete below and indicate date paid on the second page. Return this page only to the **Records Office** on Central Campus. The student must complete the second page and give to the person administering the proficiency test.

Amount paid_________________________________ SSCC Staff________________________________________

Records Office use: Charge form (date)

________________________________________________________

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Student: Complete Part I and take this form to the person giving the proficiency test.

Faculty: Complete Part II and return to the appropriate Academic Dean for approval.

PART I - To be completed by student

Name__________________________________________  ID#____________________________

Date fee paid________________________________________________________________________________________________________

Course Title & Number________________________________________  Credit Hours__________

Student’s Signature __________________________________________

Date_______________________

PART II - To be completed by person administering exam

Was proficiency test completed successfully?       ____Yes       ____No

Comments:

_____________________________________________________________________________________________________________________

Signature                                Date

_____________________________________________________________________________________________________________________

PART III - To be completed by Dean and forwarded to the Records Office

_____________________________________________________________________________________________________________________

Dean                                Date

Revised 07/10/13

** Please contact the SSCC Webmaster at webmaster@sscc.edu for suggested updates or changes to this form **