DEADLINE to take and turn in Proficiency Exam for_____ (Semester/Session) _____ (Year) is _____.

PLEASE TYPE OR PRINT CLEARLY

Delgado
COMMUNITY COLLEGE

Charity School of Nursing
APPLICATION FOR PROFICIENCY EXAMINATION
Office of the Registrar

Part 1

To: **Dean, Charity School of Nursing**   *Date:*

*From***:**

Name of Student   **Stud. ID #**

Major   **Degree**

I request that I be permitted to take a proficiency examination in:

Course No.   **Descriptive Title**   **Hrs. Credit**

This examination is based upon the following **coursework:**
_____
_____

My official academic record indicates that I have never received Academic Amnesty after completing this course with a grade of "C" or higher. I understand that my previously earned credit for this course will be accepted only for an exam score of 77% or higher. *I understand that proficiency examinations are to be administered in accordance with policies and dates as shown in the present program information bulletin.*

_____   _____
Student's Signature   *Approved:* Dean, Charity School of Nursing

- -

Part 2

Request Approved. Please arrange for this examination to be administered at your earliest convenience:

Test to Be Given By: _____ (Name)   _____
                                                       Approved: Dean, Charity School of Nursing

- -

Fee Payment.   Note - Fee of $10 per credit hour must be paid before examination is taken.

Part 3

FEE PAID: _____   _____
                    Cashier   Date

- -

Report of Examination. (This represents an *official* grade report.)

Part 4

_____   _____   _____
Course No.   **Descriptive Title**   **Hrs. Credit**

Date of Test: _____   Test Given By: _____ (Name)

- -

Test Scored By: _____   _____

Part 5

          Signature   Signature

Grade (P or F): _____   _____
                                                       Approved: Dean, Charity School of Nursing

- -

Part 6

After the form has been completed and all signatures affixed, the Charity School of Nursing Dean's Office should have it hand-carried to the Office of the Registrar for processing. (Forms with grades cannot be accepted from students.)

*Approved***: Registrar** _____   **Date:** _____

Form 1434/002 (5/12)

Copies: Student; Charity School of Nursing