INSTRUCTOR: Please complete this form and forward to the Student’s College Office.

STUDENT’S NAME ___________________________ STUDENT’S COLLEGE ___________________________

STUDENT’S UIN ___________________________

EFFECTIVE TERM ___________________________ COURSE SUBJECT & NUMBER ___________________________

PRO SECTION CRN ___________________________

SIGNATURE OF STUDENT’S COLLEGE DEAN ___________________________

(DEpartmental SIGNATURE ___________________________

(DATE ___________________________

(Necessary only for courses of junior status or higher)

I certify this examination has been taken with the result indicated by the check mark below:

☐ Passed and entitled to _______ hours credit.

DATE OF EXAMINATION ___________________________ INSTRUCTOR’S SIGNATURE ___________________________

NOTE: The grade in proficiency examinations is PASS or FAIL, but no student is given a grade of PS (Pass) unless they have made at least C- on the examination. No official record is made of failures in these examinations. For rules governing proficiency examinations consult the Student Code, § 3-203.

The College Office will forward this form to Academic Records, 901 W. Illinois Street, Urbana, IL 61801, MC-063, ONLY when the recorded grade is PASS.

09/11