



PROFICIENCY EXAMINATION REPORT

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
(Necessary only for courses of junior status or higher)

DEPARTMENTAL SIGNATURE

DATE

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



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