Credit by Evaluation
(Proficiency Examination)

APPLICATION

Name: _______________________________________ Date: ________________

Address: _____________________________________ SUNY Canton ID#: ___________

______________________________________ Curriculum: _________________

Cell Phone #: __________________________

I request permission to take the SUNY Canton proficiency examination for the following course:

Course # (ex. ENGL 101) ____________________ Credit Hours ________________

Course Title: _____________________________________________________________

APPROVALS

A. The above-named student is granted permission and has arranged to take the proficiency exam noted.

   Date: ________________ Faculty Proctor: _____________________ Dept: _________

   Advisor: ____________________________________________

   Academic Dean: ___________________________________

B. The Student Service Center certifies that the above-named student has paid $________ in advance of taking the proficiency exam at a fee of $40 per credit hour noted.

   Date: ________________ Received by: _____________________________

REPORT TO REGISTRAR (Through the Dean)

The above-named student has (circle one) Satisfactorily Not Satisfactorily completed the proficiency examination covering the course noted.

   Date: ________________ Faculty Proctor: _____________________________

   Academic Dean: ________________________________________________

cc: Registrar, Academic Dean, Student

revised 3/14 VPAA