

## Student Application for Prior Learning Assessment Credit by Departmental Proficiency Examination

Proficiency Exams may be attempted a n	naximum of	2 times per course.		
Name:				
Address:				
Telephone:Home:	Work	c:	Cell:	
Email:				
Oakton ID:				
I wish to take a proficiency examination(	s) in the fol	lowing course(s). Include	e course prefix, number of	complete title.
Oakton Course Prefix, Number and Title:				Credit Hours:
Signature:		Date:		-
Prior to scheduling the examination, you refundable. Should you fail the examination at Oakton Community Comm	nation, you	r fees will not be refunded	d nor will they be applied to	any other financial
		For Office Use Only		
Test Administration fee \$		OCC Receipt #	Date:	
To: Registrar Services	From:	Director of Student Lea	rning, Engagement, and St	udent Success
The proficiency examination was admini	stered to the	e student named above.		
Course prefix, number and title:				
The results of the examination are: $\square$ Pa	ass 🗆 Fail	Semester credi	t hours to be awarded:	
Signature: Faculty evaluating test			Date:	
Signature: Dean of the Division			Date:	
Signature:  Director of Student Learn			Date:	