

**PROFICIENCY TEST REQUEST FORM**

Fee: \$35.00 per test

Student Name: \_\_\_\_\_ A#: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Curriculum/Program: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Course Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Matriculated:  Yes  No  
Email Address: \_\_\_\_\_

**Students are expected to have read the accompanying Proficiency Fact Sheet.**

Step 1: \_\_\_\_\_  
Department Chair or Designee Signature Date

Step 2: \_\_\_\_\_  
Student Financial Services Signature Date Student Financial Services Receipt #

Step 3: Bring signed form to Testing Center in Student Services Center, room 104 to schedule test.

Date of Test: \_\_\_\_\_ Time of Test: \_\_\_\_\_ Location of Test: \_\_\_\_\_  
TC staff initial