



Students enrolled in a degree or certificate program at IECC may apply for permission to take a proficiency exam or submit their portfolio for academic credit if they believe they possess the knowledge to pass the subject course with a grade of “C” or better.

**1. Student: Complete this section (Please print)**

\_\_\_\_\_  
**Student Name** \_\_\_\_\_  
**Student ID**

\_\_\_\_\_  
**Address (Street or PO Box, City, State, ZIP)**

\_\_\_\_\_  
**Phone Number (XXX) XXX-XXXX** \_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**IECC Course Number (e.g. SPN 1111)** **Credit Hrs.** **IECC Course Name (e.g. Elementary Spanish I)**

- By signing below, I understand:
- **Upon approval to attempt proficiency for credit, I must pay the non-refundable fee. I have 30 days from the date of payment to complete the proficiency examination.**
  - Proficiency attempted in this manner may not be sought for a course which I have previously completed for credit, audit, or pass/fail. I may take a particular proficiency examination only once.
  - In order to receive credit in this manner, I must provide evidence of meeting the learning outcomes of the course.

\_\_\_\_\_  
**Student’s Signature** \_\_\_\_\_  
**Date**

**2. Student: Obtain signatures for permission to apply for proficiency in the course listed above.**

\_\_\_\_\_  
**Instructor’s Signature (for approval to attempt proficiency)** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Advisor’s Signature (for approval to attempt proficiency)** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Dean of Instruction’s Signature (for approval to attempt proficiency)** \_\_\_\_\_  
**Date**

**3. Student: Pay Fee in the Business Office and obtain signature. Return form to Instructor. (Upon receipt of form completed thru section 3., Instructor will arrange a date and time for the proficiency exam.)**

\_\_\_\_\_  
**Fee Received By** \_\_\_\_\_  
**Date**

**4. To be completed by the Instructor/Dean of Instruction**

By signing below, I certify the results are based on a comparison of the student’s learning experiences with the learning outcomes of the subject course.

\_\_\_\_\_  
**Assigned Grade** **Instructor’s Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Dean of Instruction’s Signature** \_\_\_\_\_  
**Date**

**5. To be completed by the Registrar’s Office (If A, B, or C) \*\* OR \*\* Student Services/Records if < C**

**If credit granted, to Registrar**

**Credit recorded in Banner\* and Imaged by:** \_\_\_\_\_ on: \_\_\_\_\_

\*Should NOT be recorded until the required number (or percentage) of credit hours have been completed – see policy 500.5

===== **OR** =====

**If no credit, to Student Services/Records**

**Application Imaged by:** \_\_\_\_\_ on: \_\_\_\_\_