Elgin Community College

1700 Spartan Drive • Elgin, IL 60123-7193

FOR RECORDS OFFICE USE ONLY
Recorded on student permanent file
By: _____ Date:_____

PROFICIENCY REQUEST FORM

Section I – PROCEDURE

1. Discuss your intentions with an instructor or Academic Advisor.
2. Complete Section II. A separate form must be completed for each academic discipline or program (e.g. Spanish/Chinese, Accounting/Management) for which you are requesting proficiency.
3. Ask instructor or Academic Advisor to complete Section III.
4. Go to Student Accounts Office and pay fee: $15.00 per course plus $5.00 per credit hour. The Student Accounts Office will complete Section IV.
5. For Spanish Only: Student will bring completed paperwork, receipt of payment, and identification to the Testing Center for assessment. For Other Classes: Return to instructor for assessment and final approval by Dean. Instructor and dean will complete Section V.
6. Completed form will be sent to the Registration and Records Office to be processed. If proficiency credit is granted, it will be placed on your transcript. Check the status of your proficiency credit by viewing your transcript on AccessECC.

Section II – STUDENT REQUEST

Name:_____ID#_____ Email: _____
Address: _____
City/State/ZIP:_____ Phone Number: _____

I believe that I have sufficient background and experience (academic and/or work) to apply for proficiency credit for the courses listed below (see Section V). I believe I am qualified to receive proficiency credit because:

_____

Student Signature **Date**

Section III – REQUEST APPROVAL (Please complete Dept. Prefix Course # and credit hours in section V.)

☐ In my opinion, this student is qualified to attempt a proficiency examination/review.
☐ This student has completed prerequisites to apply for proficiency credit.
☐ This student has met with me to discuss the option of taking a proficiency test and feels confident that they have the necessary knowledge to take the test.

Reason:_____

Instructor/Academic Advisor Signature **Date**

Section IV – STUDENT ACCOUNTS

This student has paid the required proficiency credit fees for the course(s) specified below.
Date: _____ Amount paid: _____ Receipt # _____ Bus. Office Staff_____

Section V – INSTRUCTOR & DEAN APPROVAL

Dept. Prefix Course #	Course Title	Credit Hours	Instructor Approval	Dean Approval
			Qualified _____ Not Qualified _____	Proficiency Granted _____ Proficiency Denied _____
			Qualified _____ Not Qualified _____	Proficiency Granted _____ Proficiency Denied _____
			Qualified _____ Not Qualified _____	Proficiency Granted _____ Proficiency Denied _____
			Qualified _____ Not Qualified _____	Proficiency Granted _____ Proficiency Denied _____
			Qualified _____ Not Qualified _____	Proficiency Granted _____ Proficiency Denied _____

I have assessed this candidate's background, experience and knowledge, and have determined the above recommendation based upon (portfolio, test, review, etc.):

_____

_____

Instructor's Signature_____ **Date**_____

Instructional Dean's Signature_____ **Date**_____