

## OFFICE OF THE REGISTRAR P.O. Box 9217 Gandy Hall Virginia State University, Virginia 23806 804-524-5275

## **Report of Proficiency Examination**

To be completed and submitted to the Office of the Registrar after proficiency exam has been administered. At NO time should a student handle this form. Attach the signed "Request for Proficiency Exam" form and a copy of the completed exam to this form.

Student Information	V- Number	Student's	Name Last	First	Middle		
	Status: In-State	_ Out-of-State	Email				
	Department: College:						
	Current Address: Stree		City		State Zip Code		e
	Permanent Address: _						
	Stre	eet	City		State	Zip Cod	e
nistering Exam	Proficiency exa	must be paid in full minations are not a T PRESENT RECEIPT	PRIOR to administerin pplicable to graduate a OF PAYMENT BEFORE rescriptive Title of Course	nd doctoral studen	(AM.	rade	Sem. Hrs.
dmir	Receipt of payment ve	erified by:					
Department Administering			Print Name		Signature		Date
Dep	Examined by:		SIGNATURE				

Copies will go to the chair of the department administering the exam, the chair of the department housing the course, the dean of the college housing the course, and the Office of the Registrar. <u>After</u> <u>processing</u>, Registrar's Office shall provide student with written notification of the outcome