



MILLIKIN UNIVERSITY®

Registrar's Office
1184 West Main Street
Decatur, Illinois 62522

Proficiency Exam Request

217.424.6217
217.420.6789
www.millikin.edu

Please print clearly:

Name (First, Middle, Last): _____

Student ID: _____

Proficiency Course Exam Requesting: _____

1. I am in good academic standing at Millikin University.
2. I understand that I may only make one attempt to earn proficiency credit for a course.
3. I understand that there is a \$100 non-refundable fee for each proficiency exam.
4. I understand that if I earn a score on the proficiency exam that merits credit, those credit hours will be added to my transcript for a fee of \$150 per credit hour.

Student Signature _____ Date _____

Student is in good academic standing. Yes No

Registrar Signature _____ Date _____

Non-refundable fee of \$100 charged _____ (date)

Proficiency Exam date _____

Proficiency Exam Score _____

Coordinator Signature _____ Date _____

Department Chair/Director Signature _____ Date _____

Dean Signature _____ Date _____