



**For Office Use Only:**

**Student Support Office:**

Request Forwarded On (DD/MM/YY): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dean's Office:**

Student eligibility for a proficiency examination: ( ) Yes ( ) No

Reviewed by: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Date of Proficiency interview/examination: \_\_\_\_\_

Result of proficiency interview/examination: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_