

SINCLAIR COMMUNITY COLLEGE
Academic Advising Center – Prior Learning Assessment
Room 11-346 512-2800
Proficiency Exam – Application for Testing

Date: _____ **Student's I.D. #:** _____

Full Name: _____

Street Address: _____

City, State, Zip: _____

Contact Phone Number: _____

Contact E-mail Address: _____

Course # and Title: _____

Previous experience in subject area or basis for testing:

OFFICE USE ONLY

Department Chair Assigned: _____ **Approved**

Evaluator Assigned: _____ **Denied**

cc: Academic Advising Center, Student, Evaluator

EVALUATOR & PLA OFFICE USE ONLY

Proficiency Exam – Evaluation Form

Date Test Taken: _____ **Student's I.D. #:** _____

Full Name: _____

Contact Phone Number: _____

Contact E-mail Address: _____

Course # and Title: _____

Credit Hours: _____ **Grade Earned:** _____

Evaluator: _____ **Evaluator's I.D. #:** _____

Basis of Evaluation/Comments:

cc: Academic Advising Center, Evaluator, Registration