School of Music
Placement & Proficiency Process

Brian Justison, Director,
School of Music

Christina Jones,m [(Chris)-5

Please print clearly:
Name (First, Middle, Last):_____

Student ID: _____

Proficiency Course Exam Requesting:_____

☐ I wish to receive course credit for this exam

I am in good academic standing at Millikin University.
I understand that I may only make one attempt to earn proficiency credit for a course.
I understand that if I earn a score I am in good academic standing at Millikin University.
I understand I will be placed into the course approved W K H U H Z D F F R X Q W no credit will be received.

Student Signature B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B

Date B B B B B B B B B B

Proficiency Exam date_____

Proficiency Exam 5 H V X O W Score_____ 3 D V V)F L L F O H R Q H

Coordinator Signature_____ Date_____

Department _____ _____

Dean Signature_____ Date_____

Student is in good academic standing to merit course credit †Yes †No

Registrar Signature _____ Date _____

For office use only:

Admin Initials _____ Date U H V X O W was entered _____