

Amt Pd: _____

CHIPPEWA VALLEY TECHNICAL COLLEGE - Proficiency Exam Application

COMPLETE AND BRING WITH YOU THE DAY OF THE EXAM

Chippewa Valley Technical College
Counseling Services, ECB Room 113
620 West Clairemont Avenue
Eau Claire, WI 54701
715-833-6346 or 1-800-547-2882, ext 6346

Test Date: _____

Test Time: _____

Last Name: _____ First: _____ Middle: _____

Student ID @ _____ Phone No. _____

Address _____ Birthdate: _____

City _____ State _____ Zip _____ Sex: Male Female

Course No. _____ - _____ Title _____ Test Code # _____ Credits _____

Program Major _____

Fees for Proficiency Exams need to be paid for prior to testing. Payment can be made at any CVTC cashier office. Please bring the receipt with you to the test.

Please note: You will not be allowed to bring a cell phone or any other unauthorized items into the testing room, other than the materials provided by the Counseling staff. You are not allowed to leave the testing room until the proficiency test is completed.

Date _____ Student Signature _____

This information is voluntary and confidential. Your response will not affect admission to the technical college.

RACE/ETHNICITY:

Hispanic: Yes No

Circle all the apply below:

- | | |
|--|---|
| 1 (AI) = American Indian/Alaskan Native | 3 (AA) = Black or African American |
| 2 (AS) = Asian – Other than listed below | 5 (WH) = White |
| CM = Cambodian | 6 (PI) = Native Hawaiian/Pacific Islander |
| HM = Hmong | |
| LA = Laotian | |
| VT = Vietnamese | |

Required score to pass: _____ out of _____ Your Score: _____

NOTIFICATION OF TEST RESULTS: I hereby verify that this student was: successful unsuccessful in achieving the required Proficiency Exam score.

Proficiency Exam Coordinator's Signature Date