| Office of the Registrar Cook | Administration 128 Phone: 773.995.2517 Fa | x 773.995.3618 Email: csu-registrar@ | csu.edu Date: |
|--------------------------------|---|--|----------------------|
| I hereby request permiss | ED BY THE STUDENT AND RETURNED TO sion to take a proficiency examination in Chicago State University. | | |
| DEPARTMENT | COURSE NUMBER | TITLE | CREDIT HOURS |
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| · | uired the content covered and/or skill re e DÄU=e Ä"R`• | equired in the course(s) in the fo | llowing manner: |
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