

LIBRARY COMPETENCY EXAMINATION

STEP 1.	Student completes th	e following in	formation:	
				(Circle One) FR SO JR SR
Name			Date of Application	Class Standing
Mailing	Address			
City	State	Zip	Phone #	Student ID #
Student: H	By signing this form I a	cknowledge th	e following:	
	aware that no credit is Competency Exam res	awarded for p ults are not co of the semeste	assing the Library Competer mputed in my GPA, not con r load for full-time/part-time	ee or certificate program. I am ncy Exam. In addition, Library sidered as UAF resident credit e classification, and may not be
				Student's Signature
	is exam may be repeated on wed will not be counted.	e time only to re	ceive a passing grade. Additiona	l attempts to pass this exam beyond
STEP 2.			nting and Business Operation a repeat. This fee is not refu	ns Office or Testing Services, andable.
Date		Fee \$	Receipt #	Cashier:
Special Ac	dmin. Fee \$		Acct. # 41146-960	5
STEP 3. (RSF).	Student returns all cop	pies to Testing	Services, 211 Gruening Bl	dg. or Rural Site Facility
Date recei	ved at Testing Services	or RSF:		
			ffice of the Registrar for pos	ting.
Date of Ex	xamination:		Grade Earned:	
Signature of Testing Coordinator:LCEform03/04				