

UNIVERSITY OF ALASKA FAIRBANKS

LIBRARY COMPETENCY EXAMINATION

STEP 1. Student completes the following information:

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_____	_____	(Circle One)			
Name	Date of Application	FR	SO	JR	SR
_____		Class Standing			
Mailing Address					
_____	_____	_____	_____	_____	_____
City	State	Zip	Phone #	Student ID #	

Student: By signing this form I acknowledge the following:

I am currently in, or have previously been enrolled in a UAF degree or certificate program. I am aware that no credit is awarded for passing the Library Competency Exam. In addition, Library Competency Exam results are not computed in my GPA, not considered as UAF resident credit, not considered as part of the semester load for full-time/part-time classification, and may not be used to replace a previously graded course.

Student's Signature

Note: This exam may be repeated one time only to receive a passing grade.

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STEP 2. Student takes the form to the Accounting and Business Operations Office or Testing Services, and pays \$25. This fee is not refundable.

Date _____ Fee \$ _____ Receipt # _____ Cashier: _____
Special Admin. Fee \$ _____ Acct. # **41146-9605**

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STEP 3. Student returns all copies to Testing Services, 211 Gruening Bldg. or Rural Site Facility (RSF).

Date received at Testing Services or RSF: _____

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STEP 4. Exam results are forwarded to the Office of the Registrar for posting.

Date of Examination: _____ Grade Earned: _____

Signature of Testing Coordinator: _____ Date: _____