LIBRARY COMPETENCY EXAMINATION

STEP 1. Student completes the following information:

(Circle One)

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<th>FR</th>
<th>SO</th>
<th>JR</th>
<th>SR</th>
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Name .................................................. Date of Application ..................................................

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. Additional attempts to pass this exam beyond those allowed will not be counted.

STEP 2. Student takes the form to UAF Testing Services, 211 Gruening Bldg., or distant approved facility; pays $30 fee at our uStore @www.uaf.edu/testing; one repeat is allowed for an additional $30 fee. This fee is not refundable.

Date ____________________ Fee $ __________ Receipt # __________ ___ Cashier: ________

Special Admin. Fee $ ________________________ Acct. # 41146-9605

STEP 3. Student returns all copies to Testing Services, 211 Gruening Bldg. or remote testing facility.

Date received at Testing Services or RSF: ______________________________

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

Date of Examination: _______________________ Grade Earned: ______________________

Signature of Testing Manager: ______________________ Date: ______________________

LCEform11/17