



Request to Retest the English Language Proficiency Examination Form

Student Name: _____

Student UIN: _____

Department Head (Print): _____

Department Head Signature: _____

Please allow the student listed above to retest the English Language Proficiency Exam. I attest that the student meets the following criteria:

- Our department needs the student to work as a Teaching Assistant.
- Must have a minimum score of 75 on the last Oral Exam taken