

Proficiency Examination Reservation Form

Name: _____ Date: _____

Phone number: _____ Email Address: _____

Exam you will be taking:

MUSC 560

MUSC 561

MUSC 562

MUSC 563

MUSC 564

Please select the date you would like to take the exam:

Thursday, May 27th at 8:30 am

Monday, August 16th at 8:30 am