

Evaluation of Foreign/Second Language Proficiency

Date _____

TO: Dean, Student Academic Services,
College _____ (college in which student is officially
enrolled)
_____ (location)

From: College of Languages, Linguistics and Literature

(Associate Dean of LLL)

Re: _____
(student's name) (Student Identification Number)

Evaluation

The student's proficiency in _____ was based on an evaluation
by _____ on _____.
(name of examiner) (date)

Findings:

1. _____ The student is a native speaker of _____ with oral and
written command of the language and is exempt from the foreign language
requirement.

2. _____ The student is a bilingual speaker of _____
with oral and written command of the language and is exempt from the
foreign language requirement.

signature of examiner

date

*

title or affiliation

*Attach verification