FORM FOR
VERIFICATION OF LANGUAGE PROFICIENCY

PURPOSE: This form is intended for use when a student is seeking to demonstrate 2nd, 3rd, or 4th semester foreign language proficiency in any "human language, other than English, not including computer languages," and he/she qualifies for criteria #4 on the LATF Criteria list.
A student can demonstrate language proficiency in a language other than English with the completion of a standard language test recognized by the institution with a grade of C or better at the appropriate level. A community college faculty member, certified in Arizona to teach in the language under consideration, can certify a student's language proficiency.

HOW TO USE: Upon completion of the exam, if the student adequately demonstrates the proficiency level in all five skills identified in the LATF Learning Outcomes, the faculty member verifies and signs this form. Then the form is forwarded to the institution's REGISTRAR's office for proper documentation on the student's transcript.

Student Name: ____________________________ ID#: ______________
Institution: ____________________________ Date: ______________
Faculty name (print) ____________________________ Examiner signature: ____________________________

Name/Type of test being taken: ____________________________

Section 1
In this capacity I affirm that ____________________________ (Student Name) has demonstrated the equivalent of 2nd semester proficiency in ____________________________ (Language).

Section 2
In this capacity I affirm that ____________________________ (Student Name) has demonstrated the equivalent of 3rd semester proficiency in ____________________________ (Language).

Section 3
In this capacity I affirm that ____________________________ (Student Name) has demonstrated the equivalent of 4th semester proficiency in ____________________________ (Language).

Examiner Name (print) ____________________________ Examiner signature: ____________________________

If different from the Faculty who is certifying language proficiency.

Faculty name (print): ____________________________ Academic Discipline: ____________________________

Faculty signature: ____________________________ Date: ______________

(Co-signature, if needed)

Revised 04/05/02