**Foreign Language Proficiency – Verification Form**

UCLA College of Letters and Science

This verification form must be submitted when requesting to waive the Foreign Language requirement based on the proficiency of a language not offered and/or cannot be assessed for proficiency at UCLA. This document is to be completed and signed by a qualified instructor or professional of the specific language-- for example (but not limited to), a High School, College or University instructor or an instructor who teaches this language through a community program or organization.. Once complete, this form should be returned to the student for submission. Please note that a member of the UCLA College may reach out to the qualified instructor/professional for confirmation and/or additional verification.

**Student Information:** to be completed by the student

**Student Name:** **UID:**

Degree Expected Term:

I am requesting to waive the Foreign Language requirement based on proficiency of the following language, which is not taught or cannot be assessed for proficiency at UCLA:

**Student Signature: Date:**

**Instructor/Professional Information:** to be completed by a certified instructor or professional in the language the student reports proficiency.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What language do you teach/have in depth knowledge of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What background and qualifications do you possess for assessing/teaching this language (e.g. educational level, profession, etc.)? In what capacity do you teach this language? Please include detailed information about the course(s) you teach, including where you teach, the methods of teaching as well as information regarding the curriculum. If you do not formally teach this language, please indicate “n/a”.**

**If you do not formally teach this language, what is your process and pedagogy for evaluating the language?**

**Student Assessment:** to be completed by a certified instructor or professional in the language the student reports proficiency. Please provide information in relation to the student with which you wish to provide this verification for.

**How did this student become proficient in this language?**

**Did you provide formal instruction to this student for the language they are petitioning? Yes No**

**If yes, when and where did you provide this instruction? If not, what did you do to assess this student’s proficiency in this language?**

**Assessment of Language Skills:** How would you describe the student’s current fluency in this language?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Poor** | **Fair**  **(various difficulties)** | **Generally fluent (but a few trouble areas)** | **Near native fluency**  **(mistakes rare)** | **Native fluency** |
| **Reading** |  |  |  |  |  |
| **Writing** |  |  |  |  |  |
| **Speaking** |  |  |  |  |  |
| **Oral Comprehension** |  |  |  |  |  |

**What literature was taught/discussed when working with this student?**

**If there is additional information you would like to share regarding this student’s proficiency in this language, please include it here.**

**By signing this document, I certify the above information is correct and true.**

**Instructor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**