

Foreign Language Assessment Request and Certification

Student Identification Information					
Last Name	First Name	MI	TUID	Birth Date / /	
Street Address	City	State	Zip	Tel No.	
School/College	Temple E-Mail	Signature _____ Date: / /			

Language Background and Information

My native language is: _____

I also have language fluency in: _____

Please describe how you gained fluency in your non-native language (including information about residency abroad, schooling, work abroad, etc.) and the duration of these experiences.

Please do not write in the area below. FOR OFFICIAL USE ONLY.

Assessment of Foreign Language Fluency

___ Student does **not** demonstrate competence in _____ Language.

___ Student demonstrates competence in _____ Language beyond the **first semester** level. (501)

___ Student demonstrates competence in _____ Language beyond the **second semester** level. (502)

___ Student demonstrates competence in _____ Language beyond the **third semester** level. (503)

___ Student demonstrates competence in _____ Language beyond the **fourth semester** level. (504)

___ Student has TOEFL/IELTS scores, required by Admissions, to demonstrate competency in English. (503)

___ Student's High School Transcript shows a Group 3 Language as the primary language of instruction. (503)

Certified by (print & sign name): _____
Designated Language Faculty Member

Verification of TOEFL/IELTS Score or Foreign Language Transcript:
 Certified by *Academic Advising Office* (print & sign name): _____

Date: ___/___/___ E-mail: _____ Phone No. _____

Student completes first two sections above and submits to appropriate Foreign Language Department Administrator, who arranges for assessment. Language Faculty Member completes Assessment section, retains a copy of the form, and gives the original form to the student to take to his/her Academic Advising Center. Advisors use this form to report a Waiver based on a TOEFL score, IELTS score or High School Transcript showing a Group 3 Language as the primary language of instruction. Advisors forward a copy of the form to MARC, 1200 Carnell Hall (038-27). 11/2009