

**CERTIFICATION OF LANGUAGE PROFICIENCY**

(Proficiency in English and One Other Language)

Deadline for Fall Admission is January 15<sup>th</sup> and Spring Admission is August 31<sup>st</sup>

*Instructions to the applicant: This form is OPTIONAL and is not required to be considered for admission to the Nursing degree program. If you qualify, submit this form with your application for the additional admission points.*

**SECTION I Student Completes This Section**

Applicant Name \_\_\_\_\_ Student # \_\_\_\_\_

**SECTION II** The person completing this language proficiency certification:

1. Must be fluent in the identified foreign language and
2. Must have known the applicant and observed his/her language skills.
3. Must not be a close family member or friend.

Certification of proficiency in the language of \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

1. How long have you known the applicant and in what capacity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. How often have you observed the applicant conversing/translating in this language?

 Daily     2+ days per week     1 day a week     Other: \_\_\_\_\_

In each of the following questions, please rate the applicant on a scale from 1(low) to 5 (high):

1 = inadequate second language proficiency for professional communication

3 = able to translate in a medical emergency

5 = highly competent in speaking and writing proficiency

3. Applicant's proficiency in **speaking** this second language is:    1   2   3   4   5  
            4. Applicant's proficiency in **writing** this second language is:    1   2   3   4   5  
            

Signature \_\_\_\_\_

Date \_\_\_\_\_