

NAME:

The following form is provided to the applicant in order to verify proficiency in a language other than English to award points toward their nursing application (10 points). If the applicant is using upper-division language courses (the equivalent of 3 semesters) to earn the 5 language points, the applicant should fill out the top portion only. The transcripts must be provided in the application. Otherwise, the bottom portion should be completed by an employer, volunteer supervisor, professor, fluency testing center, recipient of translation services, or other official individual or organization.

All forms must be complete to receive points for the requirement. If forms are not completed, in its entirely, the student will not receive the points.

First

Language Certification – Upper Division Language Courses								
To earn 10 points for completion of an upper division language course (the equivalent of 3 semesters of a language other than English), please provide the information below.								
Course Number		# of Units	Semester Taken	Co	ollege	Letter Grade		
I								
II								
Ш								
OR								
Language Certification								
Language Spoken:								
Observer/Employer's Name:				Observer/Employer's Title:				
Observer/Employer's Organizational Affiliation:								

By signing below, I certify that I have directly observed the applicant's language skills and am qualified to attes to their fluency in a language other than English.					
Signature:	Date:				