

Signature

Sacramento City College Verification of Proficiency in a Foreign Language (Criteria 8) Documentation Form

Applicant: If you are proficient in a language other than English, please refer to the ADN Program Admission Criteria for all acceptable supporting documentation. You may use this form to certify proficiency. The completed form <u>must be submitted with the online application cover page</u>.

SECTION 1 – Student completes this section	
Applicant's Name (print Last, First):	Student ID#
SECTION 2 – Please have someone who can verify that you are proficed complete this form. The person completing this proficiency certification must: 1. be fluent in the identified foreign language and 2. have known the applicant and observed his/her language skills in 3. not be a close family member or friend.	
Certification of proficiency in the language of	
Contact information: Name:	Title:
Organization:	Phone:
Address:	Email:
City, State, Zip:	
How long have you known the applicant and in what capacity?	
2. How often have you observed the applicant conversing/translating	ng in this language?
☐ Daily ☐ 2+ days per week ☐ 1 day a week ☐] Other:
Please answer the following questions:	Yes No
Is the applicant able to translate using this language in a medical eme	ergency?
Is the applicant proficient in writing this language?	
Is the applicant proficient in speaking this language?	
I acknowledge, by my signature below, that the information	on on this form is true and correct.

Date