



ADN Nursing Program Verification of Language Proficiency Form

Documentation using at least **one** of the items below for foreign language proficiency (*ability to speak, understand and write*) is required in order for the student to receive points.

Student's Name

SID #

Please check all that apply and attach document(s):

- ☐ Proficiency in a Language other than English must be met by official transcripts from a U.S. regionally accredited college or university verifying (3) semesters of the same foreign language as identified by the Chancellor's office.
- ☐ Proficiency in a Language other than English for Native/Bilingual speakers must be met by official transcripts from a U.S. regionally accredited college or university verifying one or more courses in the same language.
- ☐ Advanced Placement Test for Language result verifying passing score of 3 or higher.
- ☐ Foreign language spoken in the home: attestation by a person who is fluent in that language, has known the applicant and observed the applicant's language skills in the past year (e.g. can be a work or volunteer supervisor, faculty member, counselor). Individual signing may not be a spouse, fiancé, significant other, relative, co-worker, friend, or classmate.

ATTESTATION by person who has observed applicant's language skills in _____(language)

Contact information for individual verifying language proficiency:

Name (print): _____ Title: _____

Organization: _____ Phone: _____

Address: _____ Email: _____

City, State, Zip _____

1. How long have you known the applicant? _____
2. What is your relationship to the applicant? _____
3. Is the applicant proficient in reading this language? YES ☐ NO ☐
(able to read standard newspaper items addressed to the general reader, routine correspondence, reports, and technical materials in the individual's special field)
4. Is the applicant proficient in speaking this language? YES ☐ NO ☐
5. (able to speak the language with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations on practical, social, and professional topics).

Note: At any time it is uncovered that the applicant is not able to speak the proclaimed language during the course of the program the student will be dismissed from the program.

I am proficient in the language listed above and I am not related to the applicant. To the best of my knowledge, the above information is true and correct.

Signature _____ **Date** _____

For questions, contact the Nursing Office at (619) 482-6352 or email nursing@swccd.edu