

## **UC IGETC Language Other Than English Proficiency Certification**

| Student ID Number:  Student Name: |   |  |
|-----------------------------------|---|--|
|                                   |   |  |
| Studen                            |   | , upload this document to the <u>Unofficial Document Upload</u> link at  |
| -                                 | Member: As a college faculty member who meets minimed by the Department Chair, you are requested to volunt  | um qualifications in the student's native language, as or a designee arily assess the basic language proficiency of this student.  |
| Metho                             | d of Evaluation:  |  |
| 1.                                | grade level or higher in an institution where the langua  | 0) grades or better, of two years of formal schooling at the sixth ge of instruction is <u>not</u> English. Appropriate documentation must sework was completed. If an official sealed transcript cannot be ened transcript may be used to verify proficiency. |
|                                   | OR  |  |
| 2.                                | Verified Proficiency: Equivalent to two (2) years of the Specifically, the student should have:  a. Basic vocabulary of approximately 1,000 words b. Basic ability to read, write and speak using the part of the |  |
|                                   | a magazine article, or newspaper or the other written i   | en material for the language being evaluated. The material could be material. The instructor should ask the student to answer questions astructor should also ask the student to answer questions e of present, past (preterit) and future tenses.             |
| certify                           | y that this student possesses basic language proficiency in   | the following language other than English.   |
| _angua                            | ge:   |  |
|                                   |   |  |
| assess                            | sed this student's ability by: (check one)  |  |
|                                   | Foreign Transcript  | Verified Proficiency   |
| Faculty                           | Member Name (please print)  | Faculty Member Signature   |
| Faculty                           | Member College/University Affiliation (pleaseprint)   |  |

Note: Non-Mission College faculty members must provide proof of affiliation with a college/university. Please attach your institutional business card.