



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 must be submitted with the online application cover page.

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 proficient in a language other than English 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 the past year and
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: _____

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: _____

Please answer the following questions:

	Yes	No
Is the applicant able to translate using this language in a medical emergency?	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant proficient in writing this language?	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant proficient in speaking this language?	<input type="checkbox"/>	<input type="checkbox"/>

I acknowledge, by my signature below, that the information on this form is true and correct.

Signature _____ **Date** _____