

City College of San Francisco, Diagnostic Cardiac Sonography Program

VERIFICATION OF FOREIGN LANGUAGE PROFICIENCY FORM

Criteria 8: Proficiency or advanced level coursework in a language other than English

Applicant Instruction (Check one):

Provide official, sealed transcripts from regionally accredited U.S. colleges or universities verifying four semesters of foreign language.

-OR-

Please have a community member (e.g., teacher, supervisor, priest, lawyer) who can verify and who has had adequate interaction with you that you are proficient reading/writing/speaking) in a foreign language sign below. (Individual signing may not be a friend, family member, and classmate)

Submit this form and support documents with your nursing application packet.

“VERIFICATION OF FOREIGN LANGUAGE PROFICIENCY”

I verify that (Applicant's name): _____ is able to read, write, and speak in the language of _____ at a level that allows common everyday communications.

CONTACT INFORMATION OF INDIVIDUAL VERIFYING FOREIGN LANGUAGE PROFICIENCY

Name: _____

Organization: _____ Title: _____

Phone: _____ Email: _____

Address: _____

City: _____ State _____ Zip Code: _____

Signature: _____ Date: _____