



## FOREIGN LANGUAGE EVALUATION FORM

**Student:** Complete all items in Section A. Section B should be completed by a foreign language professor.

**A.** \_\_\_\_\_

### PROGRAM INFORMATION

Language: \_\_\_\_\_

While abroad I plan to pursue:  Language courses only  Courses for foreigners  
 Regular university courses in the foreign language

International program to which you are applying:

\_\_\_\_\_

*University*

\_\_\_\_\_

*Country*

Indicate proposed length of study:

Fall semester Year \_\_\_\_\_

Spring semester Year \_\_\_\_\_

Full year Year \_\_\_\_\_

Summer session Year \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
*Last First Middle*

Student Number: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Under the provisions of the Educational Rights and Privacy Act of 1974,  I do  I do not waive my right to review this document.

Student's Name: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

**B.** \_\_\_\_\_

**To the Evaluator:** Please evaluate and provide information regarding the applicant's foreign language abilities giving special attention to the type of study this applicant will pursue (checked above).

	Beginning	Intermediate	Advanced	Near-native proficiency
LISTENING COMPREHENSION:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEAKING, <i>Social Conversation</i> :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEAKING, <i>Academic Level</i> :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

