

CERTIFICATION OF LANGUAGE COMPETENCE

Applicant's Name (Print): _____

Scholarship/Program/Position

Language: _____ Applying for: _____

This form should be filled out by a language teacher who, from previous knowledge or by interview, can evaluate the proficiency of the Applicant in the stated language.

1) Please check the appropriate spaces to indicate your assessment of the applicant's present ability in the language stated above:

	EXCELLENT	GOOD	FAIR	POOR	NO ABILITY
Reading in his/her field					
Understanding lectures					
Composition					
Conversation					

2) Please rate the applicant by checking the statement below that most accurately describes your judgment of language ability:

- Should have no difficulty living in a country where the language is spoken.
- Should be able to manage adequately after a short period of adjustment.
- Should be able to manage adequately after some additional formal language training.
- Appears to require considerable training the language before the necessary competence could be achieved.

3) Please indicate the experience with this student upon which your evaluation has been made:

4) Please add in the space below or on the reverse side any comments you feel would aid in understanding the candidate's qualifications:

Evaluator's Name

Title

Department

Institution

Signature

Date

Please return this form to:

Dept. of Languages and Literatures of Europe & the Americas
University of Hawai'i at Mānoa
1890 East-West Road, Moore 483
Honolulu, HI 96822