

**Language Proficiency Form**

**To be completed by student:**

Student name:

Student ID:

Study abroad program:

Program language of instruction:

Dates of study abroad:

**To be completed by foreign languages faculty/staff:**

Check (a) or (b):

\_\_\_ (a) In my professional opinion, the student above has the language skill set required to be successful in his/her chosen study abroad program.

\_\_\_ (b) In my professional opinion, the student above will have the required language proficiency upon successfully completing the coursework specified below (e.g. earning B or higher grade in the course) or completing other work specified by faculty or staff member to demonstrate proficiency in program language:

\_\_\_\_\_.

***Note: In the event (b) is checked, specified milestones must be completed before funds will be distributed.***

Faculty/Staff name (please print):

Position title:

Faculty/Staff signature:

Comments (optional):