Foreign Language Waiver

Evaluator and Assessment Information Form

Name: ____________________________________________
  Last   First   Middle

Academic Degree/Occupation: ____________________________________________

Affiliation: ___________________________________________________________

Address: _____________________________________________________________
  Number   Street   Apt. No.

________________________________________
  City   State   Zip Code

Contact Phone: ___________________________ Email address ___________________________

Signature: _____________________________________________________________

In what capacity do you know the examinee? _______________________________________

How are you qualified to assess the examinee’s language proficiency?
Native speaker/University degree in the language/Other _________________________________

Are you familiar with the foreign language requirements at the University of Louisville or any
other comparable institution?* ___________________________________________ YES □ NO □
Are you familiar with any other foreign language proficiency guidelines?* _______YES □ NO □

Please describe in detail how you determined the examinee’s proficiency level in the assessed
language (please attach description on a document written on your institutional letterhead).
Be sure to include the examinee’s name and student ID number in your document

Please indicate the examinee’s language proficiency level in the following areas:

<table>
<thead>
<tr>
<th>Basic Level</th>
<th>Intermediate Level</th>
<th>Advanced Level</th>
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<tbody>
<tr>
<td>Reading</td>
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<tr>
<td>Writing</td>
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<td>Speaking</td>
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<tr>
<td>Listening</td>
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* Answering NO to any of these two questions does not mean that you can’t serve as language examiner.