Foreign Language Waiver

Evaluator and Assessment Information Form

Name:				
	Last	First	Middle	
Academic De	gree/Occupa	tion:		
Affiliation:				
Address:				
	Number	Street	Apt. No.	
	City	State	Zip Code	
Contact Phone:		Er	Email address	
Signature:				
In what capa	city do you kı	now the examinee?_		
•	•		's language proficiency? age/Other	
-			uirements at the Universi	
language (ple	ease attach d	escription on a docu	the examinee's proficiend ment written on your inst tudent ID number in your	itutional letterhead).
Please indica	te the examii	nee's language profi	ciency level in the followi	ng areas:
		asic Level	Intermediate Level	Advanced Level
Reading				
Writing				
Speaking				
Listening				

^{*} Answering NO to any of these two questions does not mean that you can't serve as language examiner.