Foreign Language Waiver

Evaluator and Assessment Information Form

Student's Name: _____
Last First Middle

Evaluator's 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:

	Basic 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.