

FOREIGN LANGUAGE PROFICIENCY
EXAMINATION CREDIT REQUEST

I, by signing this form believe that I am fluent in the below listed languages and wish to qualify for extra credit by taking an exam that will measure my proficiency.

LANGUAGE #1: _____

LANGUAGE #2: _____

LANGUAGE #3: _____

LANGUAGE #4: _____

APPLICANT NAME: _____

ADDRESS: _____

SIGNATURE: _____

HOME PHONE #: _____ CELL PHONE #: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

SUBSCRIBED AND SWORN TO ME ON THIS _____ DAY OF _____ 201_

NOTARY: _____