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.

SUBSCRIBED AND SWORN TO ME ON THIS		DAY OF	
DATE OF BIRTH:	SOCIAL SECURIT	Y #:	
HOME PHONE #:			
SIGNATURE:			
ADDRESS:			
APPLICANT NAME:			
LANGUAGE #4:			
LANGUAGE #3:			
LANGUAGE #2:			
LANGUAGE #1:			