Evaluation of Language Proficiency
Rennes France Residential Program

To the Student Applicant:

This program is taught in French, and a minimum level of language ability will be required at the beginning for you to be an effective learner. Ask a current professor of French to complete this form. If you are not now studying the language, your most recent teacher of the language can complete the information. You must complete all the items in this box, then print your name and give the program dates in the second box. You must also provide the Language Reference with a stamped envelope, addressed to Professor Candide Carrasco, Nazareth College, 4245 East Avenue, Rochester NY 14618.

1. I have completed the _________________ level of French, or I have the equivalent language preparation (explain):

2. My personal estimate of my proficiency in French is (check one for each ability)

   a) Listening Comprehension
   b) Speaking
   c) Reading
   d) Writing

   I waive_ do not ___ my right to access to this reference completed by ______________________

   Name of Reference

   Student Signature: ____________________________ Date: ___/___/___ (MM/DD/YY)

To the Reference:

Mr./Ms. ____________________________ is a candidate for the Nazareth College Residential Program in Rennes France, from __________ to __________, 20_. We would appreciate your comment on the applicant’s language abilities. Please check the boxes that most accurately describe your judgment. Please return this form to Professor Candide Carrasco at Nazareth College. Thank you.

   a) Listening Comprehension
   b) Speaking
   c) Reading
   d) Writing

   In your judgment, at what level will this student be able to function in the language?:

   ___ The student should have no difficulty in the program.
   ___ The student should be able to function adequately after a brief period of adjustment to the program.
   ___ The student should be able to function adequately after a longer period of adjustment to the Program.
   ___ The student will require considerable language training in order to function adequately in the Program.
   ___ The student presently has little or no effective language skills to begin immediately in the program.

   Please indicate the length of experience with the student upon which you have made your evaluation: __________________

   What is this student’s grade point average in French? _________; over-all grade point average, if known?: _________

   Since these ratings may be inadequate for full evaluation of the applicant’s proficiency in the language, you are encouraged to make additional remarks on the reverse side of this evaluation form. Thank you for your service.

   Your Name (please print) ____________________________ Title or Dept. __________________________

   Institution: ____________________________ Address: ____________________________ Email: __________________________

   Signature: ____________________________ Date: __________________ (MM/DD/YY)

Rev: 10/09

4245 East Avenue • Rochester, NY 14648-3790 • Phone: (585) 389-2371 • Fax: (585) 389-2372
Internet: http://www.naz.edu/cie • Email: global@naz.edu