

# Language Teaching Center

## Proficiency Evaluation Form

Student's Name	Phone
Address	
email	

### To be filled out by Advisor.

Student's field of concentration:

Degree sought:  Undergraduate  
 Graduate  
 Ph.D.

Advisor's Signature

Date

Advisor's Phone

Name & Address to which results should be sent

Language to be Tested:  Arabic  
 Chinese  
 Hindi  
 Korean  
 Japanese  
 Persian  
 Russian  
 Other  
\_\_\_\_\_

Level of Proficiency:  Intermediate  
 Advanced  
 Research

Skills to be Tested:  Oral  
 Listening  
 Reading  
 Writing

### To be filled out by Faculty/Evaluator.

Result:  A    Score: \_\_\_\_\_  
 B  
 C  
 F

Evaluator's Name

Title

Address

Phone

Signature

Date

Comments:

LTC Director's Signature

Date