



For UCSD STUDENTS ONLY Language Proficiency Test Form

Instructions to student:

1. Fill out the top part of this form.
2. Make an appointment with a tester.
3. Arrange to give the “Language Proficiency Guidelines” and this form to the tester **before the test date**.
4. At the end of the test, take the completed form to the Linguistics Language Program, APM 3016.

To be filled out by student:

Name:	
PID: <i>A</i>	College:
Major:	
Language:	

To be filled out by tester (must be UCSD lecturer or ladder-rank faculty):

Name of tester:		
Title of tester:		
Department of tester:		
UCSD employee ID #:		
E-mail of tester:		
Phone of tester:		
Results of test:	PASS	NO PASS
Date of test:		
Would you be willing to administer this type of proficiency test again?	YES	NO

If yes, please select one of the following:

- Please add my name to the Language Proficiency Testers website.
- I prefer that students be recommended to me on a case-by-case basis.

Signature:	Date:
Note: Only Lecturers will receive separate compensation for performing this test.	

For LLP office use only

Verification request sent to tester on:

Verification received on:

Notification sent on: