



**NURSING AND ALLIED HEALTH DEPARTMENT
MULTI CRITERIA 9 – SECOND LANGUAGE VERIFICATION**

Criteria 9 – Proficiency or advanced level coursework in languages other than English

Submit official high school or U.S. regionally accredited college or university transcripts verifying two (2) semesters of a language.

I verify that

(Student's name)

is proficient in:

- ☐ American sign language ☐ Arabic ☐ Chinese, including its various dialects
☐ Farsi ☐ Russian
☐ Spanish ☐ Tagalog
☐ Various languages of the Indian subcontinent & Southeast Asia
☐ African Language

Language Spoken at Home: _____

Contact information for individual verifying language proficiency:

Name: _____

Phone #: _____

Occupation: _____

Signature: _____

Address: _____

Email: _____