

City College of San Francisco, Registered Nursing Program  
**ADN Admission Supporting Documentation Form**  
**VERIFICATION OF FOREIGN LANGUAGE PROFICIENCY FORM**

**Criteria 7: Proficiency or advanced level coursework in a language other than English**

Applicant Instruction (Check one):

- Provide official, sealed transcripts from regionally accredited U.S. colleges or universities verifying four semesters of foreign language.

-OR-

- Please have a community member (e.g., teacher, supervisor, priest, lawyer) who can verify and who has had adequate interaction with you that you are proficient reading/writing/speaking) in a foreign language sign below.  
 (Individual signing may not be a friend, family member, and classmate)

Submit this form and support documents with your nursing application packet.

**“VERIFICATION OF FOREIGN LANGUAGE PROFICIENCY”**

I verify that \_\_\_\_\_ is able to read, write, and speak in \_\_\_\_\_  
Name of Applicant Language(s)  
 at a level that allows common everyday communications.

**CONTACT INFORMATION OF INDIVIDUAL VERIFYING FOREIGN LANGUAGE PROFICIENCY**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_