## LANGUAGE EVALUATION FORM

**STUDENT:**

1. Contact the instructor with whom you have most recently taken a course. If you have not taken any language courses at UCSB, contact the language department to arrange an individual interview.

2. Attach an envelope to this form, addressed to: **Education Abroad Program, Mail Code: 3040**

**Applicant Name** ____________________________ **Country/Program** ____________________________

**Perm #** ____________________________ **Application Deadline** ____________________________

Minimum Language Requirement _____________ Maximum Language Requirement _____________

**EVALUATOR:**

In what capacity are you evaluating this student?

- [ ] As the instructor of a language course taken by the student.
  - **Course Title** ____________________________ **How many quarters instructing student?** _____________

- [ ] Individual interview with the student.
  - **Interview Date** ____________________________

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<tr>
<th></th>
<th>Beginner (1-2 quarters)</th>
<th>Intermediate (3-5 quarters)</th>
<th>Advanced (2 years +)</th>
<th>Native</th>
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<tr>
<td></td>
<td>Low</td>
<td>Mid</td>
<td>High</td>
<td>Low</td>
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<tr>
<td>Pronunciation</td>
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<td>Oral Fluency</td>
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<td>Aural Comprehension</td>
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<td>Reading Comprehension</td>
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<td>Writing Ability</td>
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<td>Command of Grammar</td>
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- [ ] This student has near-native fluency in the language.

- [ ] This student has equivalent to _____ quarters of language study and will be adequately prepared for his/her program (based on the language requirements specified above).

- [ ] This student has equivalent to _____ quarters of language study and will NOT be adequately prepared for his/her program.

**Comments (required):**

__________________________________________

Evaluator Signature   Title/Position   Date

__________________________________________

Print Name   Department   Phone/Email

*Please return this form to the EAP campus office via campus mail in the attached envelope. Thank you!*