



STATE UNIVERSITY OF NEW YORK

ENGLISH PROFICIENCY REPORT

DIRECTIONS TO THE APPLICANT

1. Complete Part I and address an envelope to the Director of Admissions at the campus you have named in No. 3.
2. Take the Form and the addressed envelope to a qualified person (see Part II below for information on qualified persons), and request him to complete Part II and mail the Form in the envelope provided.

PART I. (PRINT OR TYPE IN ENGLISH)				
1.	<input type="checkbox"/> MR. NAME <input type="checkbox"/> MISS <input type="checkbox"/> MRS.	FAMILY NAME	GIVEN NAME(S)	
2.	HOME ADDRESS	NO. AND STREET	TOWN OR CITY	PROVINCE OR STATE
3. NAME AND LOCATION OF CAMPUS TO WHICH YOU ARE APPLYING			4. DATE YOU EXPECT TO ENTER THIS CAMPUS	MONTH YEAR
5. HISTORY OF CANDIDATE'S FORMAL STUDY OF ENGLISH				
	NUMBER OF YEARS	NUMBER OF MONTHS PER YEAR	NUMBER OF HOURS PER WEEK	NATIVE LANGUAGE OF INSTRUCTOR(S)
SECONDARY SCHOOL				
UNIVERSITY				
OTHER				
PART II. TO BE COMPLETED BY ONE OF THE FOLLOWING: A DIRECTOR OF COURSES IN ENGLISH (OR HIS DULY DESIGNATED REPRESENTATIVE) OF A BI-NATIONAL CENTER. A PROFESSOR OR INSTRUCTOR OF ENGLISH AT A SCHOOL OR UNIVERSITY.				
6. IS THE APPLICANT'S NATIVE LANGUAGE ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO				
7. *X* THE APPROPRIATE BOXES TO INDICATE YOUR OPINION OF THE APPLICANT'S PRESENT ABILITY IN ENGLISH FROM THE STAND-POINT OF THE LANGUAGE PROFICIENCY USUALLY NEEDED FOR EFFECTIVE PURSUIT OF STUDIES AT A COLLEGE OR UNIVERSITY IN THE UNITED STATES.				
SPEAKS ENGLISH:	<input type="checkbox"/> FLUENTLY AND COLLOQUIALLY	<input type="checkbox"/> WITH EASE BUT STILTED	<input type="checkbox"/> HALTINGLY	<input type="checkbox"/> NO ABILITY
UNDERSTANDS SPOKEN ENGLISH:	<input type="checkbox"/> WITH GOOD COMPREHENSION	<input type="checkbox"/> WITH SOME HESITATION	<input type="checkbox"/> SIMPLE VOCABULARY ONLY	<input type="checkbox"/> NOT AT ALL
UNDERSTANDS WRITTEN ENGLISH USED IN:	<input type="checkbox"/> ADVANCED LEVEL MATERIALS	<input type="checkbox"/> INTERMEDIATE LEVEL MATERIALS	<input type="checkbox"/> ELEMENTARY LEVEL MATERIALS	<input type="checkbox"/> NO ABILITY
EXPRESSES THOUGHTS IN WRITTEN ENGLISH:	<input type="checkbox"/> WITH FLUENCY AND FACILITY	<input type="checkbox"/> WITH EASE BUT UNGRAMMATICALLY	<input type="checkbox"/> ON AN ELEMENTARY LEVEL ONLY	<input type="checkbox"/> NO ABILITY
8. PLEASE RECOMMEND AN APPROPRIATE BEGINNING COURSE LOAD AT AN AMERICAN INSTITUTION OF HIGHER EDUCATION. THIS STUDENT:				
<input type="checkbox"/> NEEDS NO ADDITIONAL LANGUAGE TRAINING; COULD CARRY A FULL ACADEMIC PROGRAM		<input type="checkbox"/> COULD CARRY ¼ ACADEMIC LOAD, WITH ½ LANGUAGE TRAINING		
<input type="checkbox"/> NEEDS NO SPECIAL COURSE WORK, BUT COULD REQUIRE OCCASIONAL ASSISTANCE		<input type="checkbox"/> NEEDS 6-10 WEEKS OF INTENSIVE TRAINING PRIOR TO UNDERTAKING FULL-TIME STUDY		
<input type="checkbox"/> COULD CARRY ½ ACADEMIC LOAD, WITH ¼ LANGUAGE TRAINING		<input type="checkbox"/> IS UNQUALIFIED FOR ACADEMIC WORK		
<input type="checkbox"/> COULD CARRY ¾ ACADEMIC LOAD, WITH ½ LANGUAGE TRAINING				
9. ON WHAT DATE WILL THE APPLICANT TAKE TOEFL? 				
		MONTH	YEAR	LOCATION
THE APPLICANT SHOULD ARRANGE TO HAVE THE SCORES SENT TO THE CAMPUS NAMED BELOW.				
10. REMARKS: (DESCRIBE ANY ADDITIONAL LANGUAGE STUDY CANDIDATE IS PLANNING TO TAKE BEFORE COMING TO THE U.S.)				
NAME OF PERSON PREPARING REPORT (PLEASE PRINT)			OFFICIAL POSITION	
SIGNATURE OF PERSON PREPARING REPORT			DATE	

THE PERSON COMPLETING THIS FORM SHOULD MAIL IT DIRECTLY TO THE STATE UNIVERSITY OF NEW YORK CAMPUS TO WHICH THE STUDENT IS APPLYING IN A PROPERLY ADDRESSED ENVELOPE WHICH THE APPLICANT HAS BEEN INSTRUCTED TO SUPPLY.