

Your Name _____

Program Location Abroad _____

Administering SUNY Campus _____

Address of Administering SUNY Campus _____

To the Student: This form is for programs in which all or a portion of the coursework is taught in a language other than English. Please complete this portion of the form and sign. Ask your current professor or the person who has most recently taught you in a language course to complete the rest. Please check all appropriate boxes.

a) I will have completed the required foreign language coursework prior to the start of the program through:

Coursework OR I have equivalent preparation (please explain):

b) While abroad,

I will be taking language courses at the level of: beginner intermediate advanced

I will be taking courses in the host language designed for foreign students

I will be taking regular university courses taught in the host language

c) Estimate your proficiency in the language of greatest importance in the program (except English):

| Language _____ | Excellent | Good | Fair | Poor |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Speaking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Listening Comprehension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I waive my right to access this reference completed by _____ Yes No

Name of Reference

Student's Signature: _____ Date: _____

To the Reference: The student named above is applying for the designated State University of New York overseas academic program. We would appreciate your comment on the applicant's language abilities. Please check the boxes that most accurately describe your judgment. Please return this form to the International Education Office at above address.

| | Excellent | Very Good | Good | Fair | Poor | No Ability |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Reading in his/her field | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Understanding lectures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Composition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conversation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please refer to the boxes that the student has checked at the top of this form and rate the student's readiness for such coursework.

The applicant: should have no difficulty on this program.

should be able to manage adequately after a short period of adjustment abroad.

should be able to manage adequately after some additional formal language training.

appears to require considerable training in the language before the necessary competence could be achieved.

Please indicate the experience with the student upon which your evaluation had been made:

Please add any comment you feel would aid in understanding the candidate's qualifications (you may use the back of this form, if necessary).

Your Name (please print) _____ Title, Department: _____

Signature: _____ Date: _____ Institution: _____