



# ENGLISH PROFICIENCY REPORT

Form FSA-3  
C2787-478

**DIRECTIONS TO THE APPLICANT**

1. Complete Part 1 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/her to complete Part II and mail the form in the envelope you provide.

**PART 1. (PRINT OR TYPE IN ENGLISH)**

1.	Name	Family Name	Given Name(s)	
	<input type="checkbox"/> Mr.			
	<input type="checkbox"/> Miss			
	<input type="checkbox"/> Mrs.			
2.	Home Address	No. and Street	Town or City	
			Providence or State	
			Country	
3.	Name and Location of Campus to Which You Are Applying		4. Date you Expect to Enter this Campus	
			Month:                      Year:	
5.	<b>HISTORY OF CANDIDATE'S FORMAL STUDY OF ENGLISH</b>			
	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 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?                       YES                       NO

7. 'X' the appropriate boxes to indicate your opinion of the applicant's present ability in English from the standpoint of the language proficiency usually needed for effective pursuit of studies at a College or University in the United States.

SPEAKS ENGLISH:		Fluently and Colloquially		With Ease but Stilted		Haltingly		No Ability
UNDERSTANDS SPOKEN ENGLISH:		With Good Comprehension		With Some Hesitation		Simple Vocabulary Only		Not At All
UNDERSTANDS WRITTEN ENGLISH USED IN:		Advanced Level Materials		Intermediate Level Materials		Elementary Level Materials		No Ability
EXPRESSES THOUGHTS IN WRITTEN ENGLISH:		With Fluency and Facility		With Ease But Ungrammatically		On An Elementary Level Only		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"/> Needs No Special Coursework, But Could Require Occasional Assistance <input type="checkbox"/> Could Carry ¾ Academic Load, with ¼ Language Training <input type="checkbox"/> Could Carry ¾ Academic Load, with ½ Language Training	<input type="checkbox"/> Could Carry ¼ Academic Load, with ¾ Language Training <input type="checkbox"/> Needs 6-10 Weeks Of Intensive Training Prior To Undertaking Full-time Study <input type="checkbox"/> Is Unqualified for Academic Work
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9. On What Date Will The Applicant Take TOEFL?

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Month                      Year                      Location

**THE APPLICANT SHOULD ARRANGE TO HAVE THE SCORES SENT TO THE CAMPUS NAME BELOW.**

10. REMARKS: (Describe any additional language study candidate is planning to take before coming to the U.S.)

(Please Print) Name of Person Preparing Report	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.**