

Foreign Language Proficiency Form

Applicant's Name (please print): _____

Language: _____

1. Please indicate your assessment of the applicant's fluency in this language:

	Poor	1	2	3	4	5	Excellent
Conversation		1	2	3	4	5	
Composition		1	2	3	4	5	
Reading in her or his field		1	2	3	4	5	
Understanding lectures		1	2	3	4	5	

2. Please check the statement below that most accurately describes the applicant's language ability.

Should have no difficulty studying and conversing in this language

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

Needs considerable training in the language before the necessary competence could be achieved

3. Please indicate the experience with this student upon which you base your evaluation.

4. Please add any comments you feel would aid in understanding the candidate's qualifications.

Evaluator's Name & Title (Print): _____

Department: _____ Institution: _____

Signature: _____ Date: _____

Please return this form to:

International Programs – Study Abroad
32 Campus Drive
International Center
Missoula, MT 59812