PROOF OF ENGLISH PROFICIENCY

Please complete this information which is necessary for acceptance to Southwestern Community College. Make sure all blanks are completed (please print all information).

Mr.  
1. Miss__________________________________________________________________
Mrs. Family Name First Name Middle

2. Preferred enrollment date_________________________________________________ Semester Year

3. Male__________Single____________Date of Birth______/______/________
   Female________ Married

4. Country of Birth________________________________________________________

5. Country of Citizenship___________________________________________________

6. Student’s present mailing address:
   Street                                         City                          State/Province
   Country                                      Postal Code              Telephone Number

7. Permanent home address of (circle one): Spouse   Sponsor   Parent
   Street                                         City                         State/Province
   Country                                      Postal Code              Telephone Number

8. Required English proficiency test you plan to take or have already taken:

   TOEFL Score________________________________ Please circle one: Internet-based
   Place of testing____________________________ Computer-based
   Date of testing_____________________________ Paper-based

Official transcript from previous college experience in the United States from an accredited college/university proving completion of one writing intensive course equivalent to composition I (ENG 105) and one reading intensive course with a “C” grade or better.

   English is my first/native language - Yes ________ No ________

OFFICIAL TEST RESULTS OR ENGLISH PROFICIENCY MUST BE MAILED TO THE ADMISSIONS OFFICE PRIOR TO ACCEPTANCE. TESTING REQUIREMENTS MUST BE COMPLETED PRIOR TO ACCEPTANCE.

I certify that the above statements are true and correct to the best of my knowledge.

STUDENT’S SIGNATURE ______________________________ DATE ___________