

**MODESTO JUNIOR COLLEGE  
ASSOCIATE DEGREE NURSING PROGRAM**

**CRITERION 4: PROFICIENCY IN A LANGUAGE OTHER THAN ENGLISH  
SUPPORTING DOCUMENTATION FORM (SDF)**

Student name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student phone number: \_\_\_\_\_

**SECTION 1:** To be completed by student.

Proficiency or advanced level coursework in languages other than English. Credit for languages other than English shall be received for languages that are identified by the chancellor as high-frequency languages, as based on census data.

This completed form and required documentation will be submitted by the student to the ADN program upon request.

I am proficient in the following high frequency language: \_\_\_\_\_

My language proficiency will be verified by:

\_\_\_ **Evidence of three semesters of the high-frequency language noted above.** You must submit an official transcript(s) from a US regionally accredited college verifying three semesters of transferrable college coursework or equivalent in one foreign language with a grade of C or better for each semester.

~ OR ~

\_\_\_ **Verified by an individual.** The individual verifying this student's proficiency must be proficient in the high-frequency language noted above, must have known and observed the applicant's language skills in the past year, and must not be a relative or friend.

**SECTION 2:** To be completed by the individual verifying language proficiency.

Describe how the student demonstrates proficiency: \_\_\_\_\_

\_\_\_\_\_

Is the student able to effectively translate this language in a medical emergency?  Yes  No

How long have you known the student? \_\_\_\_\_ How do you know the student? \_\_\_\_\_

\_\_\_\_\_

**My signature verifies the information above is correct.**

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_