

Nazareth College. *The Heart of Excellence.*

Center for International Education

Evaluation of Language Proficiency Pescara Italy Residential Program

To the Student Applicant:

This program is taught in Italian, and a minimum level of language ability will be required at the beginning for you to be an effective learner. Ask a current professor of Italian to complete this form. If you are not now studying the language, your most recent teacher of the language can complete the information. You must complete all the items in this box, then print your name and give the program dates in the second box. **You must also provide the Language Reference with a stamped envelope, addressed to Dr. Maria Rosaria Vitti-Alexander, Nazareth College, 4245 East Avenue, Rochester NY 14618.**

1. I have completed the _____ level of Italian, or I have the equivalent language preparation (explain): _____.

2. My personal estimate of my proficiency in Italian is (check one for each ability):

	fluent	very good	satisfactory	unsatisfactory
a) Listening Comprehension	_____	_____	_____	_____
b) Speaking	_____	_____	_____	_____
c) Reading	_____	_____	_____	_____
d) Writing	_____	_____	_____	_____

I waive _____ do not _____ my right to access to this reference completed by _____
Name of Reference

Student Signature: _____ Date: ____/____/____ (MM/DD/YY)

To the Reference:

Mr./Ms. _____ is a candidate for the Nazareth College Residential Program in Pescara Italy, from _____, 20____ to _____, 20____. 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 Dr. Maria Rosaria Vitti-Alexander at Nazareth College. Thank you.

	excellent	very good	good	fair	poor	no ability
a) Listening Comprehension	_____	_____	_____	_____	_____	_____
b) Speaking	_____	_____	_____	_____	_____	_____
c) Reading	_____	_____	_____	_____	_____	_____
d) Writing	_____	_____	_____	_____	_____	_____

In your judgement, at what level will this student will be able to function in the language?:

- _____ The student should have no difficulty in the program.
- _____ The student should be able to function adequately after a brief period of adjustment to the program.
- _____ The student should be able to function adequately after a longer period of adjustment to the program.
- _____ The student will require considerable language training in order to function adequately in the program.
- _____ The student presently has little or no effective language skills to begin immediately in the program.

Please indicate the length of experience with the student upon which you have made your evaluation: _____

What is this student's grade point average in Italian? _____; over all grade point average, if known?: _____

Since these ratings may be inadequate for full evaluation of the applicant's proficiency in the language, you are encouraged to make additional remarks on the reverse side of this evaluation form. Thank you for your service.

Your Name (please print) _____ Title or Dept. _____

Institution: _____ Address: _____ Email: _____

Signature: _____ Date: _____ (MM/DD/YY)

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