

World Languages Prerequisite Clearance - NO transcripts or AP Scores

This form is to be completed if you would like to clear prerequisites for a world language only if you are using a method that does not involve high school or college transcripts or AP exams. (e.g., you are a native language speaker or have used this language at work.)

	EP 1: Complete the following information. The Fall Winter Spr Sum Year
Dat	te Fall Winter Spr Sum Year
De	Anza CWID# NAME Last: First:
Cou	urse you want to take (example: SPAN 2):
STI	EP 2: Answer the following questions.
1.	Have you studied this language in a country other than the United States? NO. (Go to the next question.)
	YES. Please specify name of country/countries:
	Duration of program or schooling:
	Language level(s):
	How long since this language experience?
2.	Do you use or have you used this language for job-related purposes?
	NO. (Go to the next question.)
	YES.
	Please describe the nature of the job (e.g., healthcare, customer service), frequency of language use (daily, occasional, rare), and extent of language interactions (e.g., with co-workers, customers, patients, over the phone, face-to-face, written correspondence):
	Specify any specialized language training competed to achieve (language) proficiency in your area of expertise (e.g. military, medical, legal, business, social work):
	If you're no longer using this language on the job, please specify how long it has been since you last did:
	Have you ever taken a formal exam or a proficiency test in this language other than the AP exams? (e.g., ACTFL test, military, or job-related certification exam).
	NO. (Go to the next question.)

YES. Please specify the exam name and provide documentation of dates and scores, if available.

language			
NO. (If you answer "No", this completes your applica	tion.)		
YES. Please answer the questions (a) and (b) below.			
(a) Check all applicable types of language schooling and/or informal language exposure that you have received.			
Bilingual education in the United States Grade levels:			
Dates:			
Name of program and/or name of school:			
Weekend or after school program (e.g., local community gro	oups). Please specify:		
Other language schooling or program. Include duration, location, and any certifications received. (b) Please rate your own proficiency in EACH of the following areas, using a scale of 1 – 10 (1 = weakest, 10 = strongest). Your honest/accurate rating will help assure you are placed at the level in which you will be successfully.			
Listening comprehension			
Speaking			
Reading comprehension (e.g., newspaper	•		
Writing (e.g., spelling, paragraph-level tex	cts like letters)		
STEP 3 Save this file (unsaved it will be blank). The	n submit document for review.		

4. Are you a native speaker of this language or were you raised/currently live in a household in which this

- (A) Form to be submitted by the student from the email address they mainly use at De Anza.
- (B) **E-mail** this form to the administrative assistant and the instructor of the course you would like to enroll in.

This request will be reviewed as soon as possible, but allow up to 10 business days for review.