STATE OF PROFICIENCY IN ENGLISH
Please note there are two sections.

Please complete Part 1 of this form if you have taken an English proficiency examination. A TOEFL score of 550 paper based or 213 computer-based or better is requested. It will be necessary for you to have the score sent to our office address. OR If you have taken an English language course please have Part 2 filled out by your English instructor. (Please refer to the enclosed letter for information regarding the English requirement). Sufficient scores in either Part 1 or Part 2 will meet the English Proficiency Requirement.

PART 1 To Be Filled Out By Applicant
Have you taken, or do you plan to take any of the following English examinations:
College entrance Examination Board (CEEB) English Achievement Test? _____
What Date? ________

College-Level Examination Program (CLEP) English Composition Test? _____
What Date? ________

Test of English as a Foreign Language (TOEFL) Examination? ____________
What Date? ________
PART 2  To Be Filled Out By Instructor Or Official At School Attended
Attach proof of Enrollment
Mail directly to: UCSF Continuing Dental Education, Room D-4010,
San Francisco, CA 94143-0636 USA

Statement of Proficiency in English

This will certify that ___________________________________________ of
Name of Applicant Please print and underline family name
________________________________________________________ has a command of the
Town or City Country
English language such as I have indicated in my ratings below: Ratings (please check as appropriate)

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
</tr>
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Ability to understand spoken English:

Ability to comprehend the printed page in English and to translate material at the University level:

Ability to speak English (conversation):

Ability to produce original written composition in English:

Remarks:______________________________________________________________

______________________________________________________________

Print Name_________________________________________ Position or title___________________

Signed______________________________________________________

Address_____________________________________________________

E-mail Address_________________________________________ Date_____________________________