

**Educational Services**  
**University of California-San Francisco**  
**707 Parnassus Avenue, Room D-4010**  
**San Francisco, CA 94013-0636**  
**USA**

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, 707 Parnassus Avenue, 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)

	Excellent	Good	Fair
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 \_\_\_\_\_