



To: UNM Admissions Office

From: \_\_\_\_\_ High School

Subject: Language Proficiency Form

Student Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

We certify that the above named student demonstrates written and conversational proficiency that is equivalent to at least two years of classroom study in the \_\_\_\_\_ language.

\_\_\_\_\_  
Language Instructor

\_\_\_\_\_  
Principal or High School Counselor

If signed by a Tribal Leader, we must have the Tribal Leader's title and Agency or Organization, and this document must be notarized.

\_\_\_\_\_  
Signature or Tribal Leader, Title and Agency or Organization

Fax to: (505) 277-6686  
Attention: Kathleen Roberts