



VERIFICATION OF MEETING THE BASIC SKILLS REQUIREMENT

CANDIDATE NAME: _____ STUDENT NUMBER: _____

PROGRAM PATHWAY: _____ PROGRAM TRACK: _____

CANDIDATE HAS MET THE BASIC SKILLS REQUIREMENT VIA THE FOLLOWING METHOD (CHOOSE ONE):

EXAM

CANDIDATE HAS PASSED THE FOLLOWING EXAM TO MEET THE BSR:

THE OFFICIAL SCORE SHEET IS REQUIRED FOR THIS OPTION. IF THE CANDIDATE HAS MET BSR IN FULL VIA EXAM, COMPLETION OF THIS FORM IS NOT REQUIRED. THE SCORE SHEET ALONE SUFFICES AS EVIDENCE.

COURSEWORK

CANDIDATE HAS COMPLETED THE FOLLOWING COURSEWORK:

READING: COURSE TITLE: _____
COLLEGE/UNIVERSITY: _____
GRADE: _____ UNITS: _____ REGIONALLY ACCREDITED? _____ DEGREE-APPLICABLE? _____

WRITING: COURSE TITLE: _____
COLLEGE/UNIVERSITY: _____
GRADE: _____ UNITS: _____ REGIONALLY ACCREDITED? _____ DEGREE-APPLICABLE? _____

MATH: COURSE TITLE: _____
COLLEGE/UNIVERSITY: _____
GRADE: _____ UNITS: _____ REGIONALLY ACCREDITED? _____ DEGREE-APPLICABLE? _____

COMBINATION

CANDIDATE HAS COMPLETED THE FOLLOWING COURSEWORK:

READING: EXAM: _____ SCORE: _____ DATE PASSED: _____
OR

COURSE TITLE: _____
COLLEGE/UNIVERSITY: _____
GRADE: _____ UNITS: _____ REGIONALLY ACCREDITED? _____ DEGREE-APPLICABLE? _____

WRITING: EXAM: _____ SCORE: _____ DATE PASSED: _____
OR

COURSE TITLE: _____
COLLEGE/UNIVERSITY: _____
GRADE: _____ UNITS: _____ REGIONALLY ACCREDITED? _____ DEGREE-APPLICABLE? _____

MATH: EXAM: _____ SCORE: _____ DATE PASSED: _____
OR

COURSE TITLE: _____
COLLEGE/UNIVERSITY: _____
GRADE: _____ UNITS: _____ REGIONALLY ACCREDITED? _____ DEGREE-APPLICABLE? _____

AUTHORIZED SUBMITTER COMPLETION:

PLEASE NOTE: THE ASSESSMENT OF CANDIDATE RECORDS, AS INDICATED ABOVE, IS ACCURATE WHEN ACCOMPANIED BY OFFICIAL COLLEGIATE-LEVEL TRANSCRIPTS AND/OR EXAM RESULTS.

NAME: _____ TITLE: _____ SIGNATURE: _____ DATE: _____