Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Calvin Email \_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

Program (circle one): ELEM ELEM/K-12 SEC SEC/K-12

Major(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When are you hoping to student teach? (circle one) fall spring Year \_\_\_\_\_\_\_\_\_

**Please indicate your progress in each exam area still needing to be passed**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Which test(s) do you still need to pass? | How many times have you taken this test? | What is your most recent score on this test? | When do you plan to take the test again? |
| Grammar |  |  |  |  |
| Composition |  |  |  |  |
| Oral |  |  |  |  |

**Please indicate very specifically what you will do in order to prepare for each test section remaining** (use back or add a page, if necessary):

**I understand that I cannot be recommended for certification to teach Spanish until I pass ALL portions of the Spanish proficiency exam.   
  
Student’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Advisor’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **OFFICE USE ONLY**  **date appeal received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **decision date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **student notified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **🞎 appeal granted**  **🞎 appeal denied** |