



## VERIFICATION OF BASIC SKILLS REQUIREMENT

NAME OF RECOMMENDING DISTRICT, COUNTY, OR IHE:

CDS Code (if applicable):

*This is to certify that the individual identified below has completed the California Basic Skills Requirement (BSR) as indicated below. For information on options to meet BSR see Leaflet CL-667.*

### APPLICANT INFORMATION:

Name

First	Middle	Last

Social Security Number

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### CHECK ONE:

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The applicant has completed the following coursework to meet the Basic Skills Requirement.

Reading:

Course Grade:

Writing:

Course Grade:

Mathematics:

Course Grade:

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The applicant has completed the following examination to meet the Basic Skills Requirement:

Examination:

Date Passed:

Score:

☐

The applicant has completed a combination of the following options to meet the Basic Skills Requirement:

Reading:

Score/Grade:

Writing:

Score/Grade:

Mathematics:

Score/Grade:

Examination:

Date Passed:

Score:

### AUTHORIZED SIGNATURE:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_