

Verification of Basic Skills Requirement

This is to certify that the individual identified below has completed the California Basic Skills Requirement (BSR) as indicated below.

Last name:	t name: Middle		name: F		First name:	irst name:	
The candidate has comp	pleted:						
A combination of	coursewor	k and examina	tion(s) indicate	ed below to meet the Ba	asic Skills Requirement.		
College-level cou	ı <u>rsework</u> in	dicated below t	to meet the Ba	sic Skills Requirement.			
A Bachelor's deg	ree or high	er from the rec	ionally accredi	ited institution of higher	r education indicated below	N	
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The <u>examination</u>	(<u>s)</u> indicate	d below to mee	et the Basic Sk	allis Requirement.			
Bachelor's Degree or Hi Name of regionally accre	itution:	Tit	Title of bachelor's degree or higher:				
College-Level Coursew Reading Course		stitution wher	e course was	s taken:			
Calendar system (select	one):	Quarter	Semester				
Course Code:	Course	Title:			Course Grade:	Course Units:	
Writing Course N	lame of in	stitution wher	e course was	s taken:			
Calendar system (select	one):	Quarter	Semester				
Course Code:	Course	Title:			Course Grade:	Course Units:	
Mathematics Course	Name o	f institution w	here course v	was taken:			
Calendar system (select	one):	Quarter	Semester				
Course Code:	Course	: Title:			Course Grade:	Course Units:	
Examination(s):							
Examination:			I	Date Passed:		Score:	
Examination:			1	Date Passed:		Score:	
Examination:			1	Date Passed:		Score:	