



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

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First

Middle

Last

Social Security Number

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CHECK ONE:

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

Reading:	Course Grade:
Writing:	Course Grade:
Mathematics:	Course Grade:

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 _____