

## 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: Middle na		e name:	First name:	
Check One: The applicant has com	pleted:			
A combinatio	n of coursework and exam	ination(s) indicated below to	meet the Basic Skills.	
College-level	coursework indicated belo	w to meet the Basic Skills Re	equirement.	
The <u>examina</u>	tion(s) indicated below to n	neet the Basic Skills Require	ment.	
College-level Cours  Reading Course  Calendar system (sele	Name of institution who	ere course was taken: Semester		
Course Code:	Course Title:		Course Grade:	Course Units:
Writing Course Calendar system (selection) Course Code:	Name of institution whe ect one): Quarter Course Title:	ere course was taken: Semester	Course Grade:	Course Units:
Mathematics Cours Calendar system (sele Course Code:	ee Name of institution vect one): Quarter  Course Title:	vhere course was taken: Semester	Course Grade:	Course Units:
Examination(s):				
Examination:		Date Passed:		Score:
Examination:		Date Passed:		Score:
Examination:		Date Passed:		Score: