



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 _____