Examinee's number **Please leave blank (For office use only).	Examinee's number	**Please leave blank (For office use only).
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## **English Language Requirement Confirmation Form**

Name					
Date of Birth					
I will not subm language profic	ciency, because		proficiency	test scores	to prove my English
		e years or m	ore of my s	secondary e	ducation in English.
School	Name (Country	/Region):		(	(Note 1)
Period	of Attendance:	From	/	/	(mm/dd/yy)
		To	/	/	(mm/dd/yy)
C <u>sł</u> <u>o</u>	anada, Ireland, No nould additionally	ew Zealand, S submit a docur	ingapore, the nent that prov	United Kingd ves that Englisl	ntry other than Australia, dom or the United States h is the primary language school attended by the
English a	s the language ual Language IB D	of instructi	ion.		eate Diploma* with
			Date:		
			Signature:		