Department of Curriculum and Instruction Report on Assessment of English Competence for Doctoral Students

Student Last Name:	First Name:	
Penn State 9-Digit ID:	Email:	
Date of Qualifying Exam:	Emphasis Area:	
Assessment Given at Qualifying Examination Assessment of written and oral English are guided by th the student indicating the results of the assessment and o		
The student passed the assessment of English com The student conditionally passed the assessment of improve and be reassessed before scheduling the Comprehensity The student failed the assessment of English com be reassessed before scheduling the Comprehensity The student failed the assessment of English com The student must withdraw from the program.	of English competence and we Comprehensive Examination apetence, but will be given the Examination.	ne opportunity to improve and
Adviser's Name (printed):	Signature:	Date:
Additional Faculty Member:	Signature:	Date:
Additional Faculty Member:	Signature:	Date:
Enroll in ESL 116G (Composition for Academic Disciplines) Enroll in ESL 114G (American Oral English for Academic Purposes) Attend EPPIC Advising sessions to identify language-related goals and create a personalized schedule of EPPIC services Attend EPPIC workshops Participate in EPPIC's one-on-one tutoring for writing and speaking	Attend EPPIC's weekly speaking groups Schedule an individual consultation at EPPIC Visit the Graduate Writing Center Attend a Graduate Writing Center workshop Participate in Global Conversation Partners (Global Connections) for everyday speaking skills & intercultural exchange Work with a personal language tutor Other:	
Include other recommendations as needed:		
Follow-Up Assessment (if applicable) Given Prior to Sc Assessment of written and oral English are guided by the student indicating the results of the assessment and a The student passed the assessment of English	e criteria on the attached pa any recommendations for imp	ges. A letter should be sent to
The student failed the assessment of English it. The student must withdraw from the progra	competence and will not be	given the opportunity to retake
Adviser's Name (printed):	Signature:	Date:
Additional Faculty Member:	Signature:	Date:
Additional Faculty Member:	Signature:	Date: