

**Departmental Verification Form for CTE-ELP instruction**

Students *must bring this completed form* to their initial Intake Assessment.

Student Name: \_\_\_\_\_

Student UIN: \_\_\_\_\_

Supervisor's Name (Print): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

This is to verify that the student listed above meets the following criteria for priority service with the CTE-ELP program:

- The student is presently conditionally English Language Certified at proficiency level 2
- The student is currently serving as a Teaching Assistant in

\_\_\_\_\_ (department)

I understand and will notify the above-named student to register with the CTE-ELP program for an initial Intake Assessment **by the 2<sup>nd</sup> week** of the semester at <http://cte.tamu.edu/Graduate-Student-Support/English-Language-Proficiency>.

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