

CELCIS Level Change Form

First Name: _____ Last Name: _____

WIN: _____ New Student or Continuing: New Continuing

Current CELCIS Level: Elementary Intermediate Pre-Advanced Advanced

Choose one: I want to move up a level I want to move down a level

Please explain why you want to change your level:

Student Signature: _____ Date: _____

CELCIS OFFICE USE ONLY

Speaking/Listening	Grammar/Comm	Reading/Writing I	Reading/Writing II
Name:	Name:	Name:	Name:
Do you recommend a level change based on pre-testing? Y N	Do you recommend a level change based on pre-testing? Y N	Do you recommend a level change based on pre-testing? Y N	Do you recommend a level change based on pre-testing? Y N
Comments:	Comments:	Comments:	Comments:

Did the student meet with CELCIS Chair or Assistant Manager to discuss a level change? Y N

- Student level will be changed
- Student level will NOT be changed
- Other: _____

CELCIS Chair Signature: _____ Date: _____