



196 Main Street, New Paltz, New York 12561 • Phone: 845-256-4100 • Fax 845-256-4109 • www.newpaltz.k12.ny.us

Application to Receive the Certificate of Bilingual Competency Upon Graduation

SPRING 20__

Student's Name: _____ Language: _____
(PLEASE PRINT)

Counselor's Name: _____ Student I.D. _____

I wish to receive the Certificate of Bilingual Competency and a special seal on my high school diploma. I have met the following eligibility requirements:

- Successful completion of 3 points in the criteria for demonstrating proficiency in English as stated in Attachment 1 of NYSED Seal of Biliteracy. (copy of transcript)
- Successful completion of 3 points in the criteria for demonstrating proficiency in a World Language other than English as stated in Attachment 1 of NYSED Seal of Biliteracy, with approval signature of current foreign language teacher. (copy of transcript)

 Teacher's signature

 Date

Please return this application AND all verification documents to _____ by _____.

	Verified successful completion of all high school graduation requirements with a minimum overall GPA of 3.0, and one of the above foreign language requirements.	
	Approved for Certificate of Bilingual Competency recognition.	
	Not approved due to the following:	

District Program Coordinator's Signature: _____ Date: _____