## **World Language Seal of Excellence** Application must be completed by Departmental Chair

Name		
Home Address	Telephone No	
City	State	Zip Code
Name of Parent/Guardian		
A. Student must have successfully co A or A-, please list class and grade	mpleted at least the third level	
1	5	
2	6	
3	7	
4	8.	
	*******	
I hereby state that all information supp knowledge.	olied on this application is true a	nd accurate to the best of my
(Applicant)		(Date)
<ul> <li>Approved</li> </ul>		• Not Approved
This is to certify that standards of excoor exceeded.	ellence prescribed for awarding	the Seal of Excellence has been met
(Department Chair)	(Date)	(Approved School Official)