Teacher of Indigenous Language as a Second Language
Statement of Fluency Form – Referee Attestation

Name of Applicant: ______________________________________________________

Indigenous Language: ____________________________________________________

Please have your qualified referee complete the form below:

For this purpose, a qualified referee who can attest to your level of fluency in an Indigenous Language is as follows:

Chief and Council, Education Director, Education Authority Board member, Cultural Committee member or similar organization, a Principal of an accredited school, an Indigenous Language teacher certified by the Ontario College of Teachers.

Qualified Referee Certification
I certify that the applicant named above has a substantial oral fluency and a basic understanding of the writing system for _______________ (please enter Indigenous language) necessary for entrance into Nipissing University’s Teacher of Indigenous Language as a Second Language Program.

Name of Referee (please print) ____________________________________________

Signature of Referee ____________________________________________________

Title of Referee _________________________________________________________

Name of Organization _____________________________________________________

Telephone Number __________________________ Email (optional) _______________________

Date __________________________