

Graduate School

Graduate Program Certification of Foreign Language Proficiency

To the Graduate School:

This is to certify that the student whose name appears below has demonstrated proficiency for our department in:

LANGUAGE:

STUDENT'S NAME:

(print)

UNIVERSITY I.D.#:

MAJOR FIELD:

APPROVED BY:

Adviser's name (print)

Adviser's signature

Examiner's name (print)

Examiner's signature

Major Field Director of
Graduate Studies name (print)

Major Field Director of
Graduate Studies signature

Date