
Language Requirement

DEPARTMENT/PROGRAM: _____

STUDENT'S NAME: _____ BANNER ID#: _____

This is to certify that the student named above has fulfilled the language requirement in _____
language

on _____ for the degree indicated.
date

Master of Arts

Master of Science

Doctor of Philosophy

Date

Director of Graduate Studies (Print Name)

(Signature)

Requirement will be noted on transcript.

Distribution: Original only to the Dean of Graduate Studies and Research