

# LANGUAGE REQUIREMENT

TO THE COMMITTEE ON GRADUATE STUDIES, ARTS AND SCIENCES:

DEPARTMENT/PROGRAM: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ BANNER ID#: \_\_\_\_\_

This is to certify that the student named above has fulfilled the language requirement in \_\_\_\_\_.

Master of Arts

Master of Science

Doctor of Philosophy

DATE: \_\_\_\_\_

\_\_\_\_\_  
Director of Graduate Studies (Print Name)

\_\_\_\_\_  
(Signature)

(Original only to the Graduate Studies, Arts and Sciences)