



YALE UNIVERSITY

REGISTRAR

GRADUATE SCHOOL OF ARTS AND SCIENCES

Language Proficiency Certification Form (Combined Program)

Name: Last First SID: Department 1: Year of Study (current): Department 2:

To be completed by the Director of Graduate Studies (Department 1) (please save before printing):

The student named above has fulfilled our language proficiency requirement in: Language on Date Examiner: This student has satisfied the Department's Language Proficiency Requirement(s): [] Yes [] No Name of Department 1 Signature of Director of Graduate Studies

To be completed by the Director of Graduate Studies (Department 2):

The student named above has fulfilled our language proficiency requirement in: Language on Date Examiner: This student has satisfied the Department's Language Proficiency Requirement(s): [] Yes [] No Name of Department 2 Signature of Director of Graduate Studies

After department approval, either (1) fax to 203-777-6101 or (2) send to Graduate School Registrar, 246 Church Street, 3rd floor, New Haven, CT 06511