

# 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:

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STUDENT'S NAME:  
(print)

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UNIVERSITY I.D.#:

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MAJOR FIELD:

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APPROVED BY:

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Adviser's name (print)

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Adviser's signature

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Major Field Director of  
Graduate Studies name (print)

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Major Field Director of  
Graduate Studies signature

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Date