



LANGUAGE REQUIREMENT FORM

Date: _____

Student's Name: _____

Language: _____

Exam: The above named student has :

PASSED

FAILED our examination in the above-specified language administered on _____

The student has taken the language proficiency examination for the above languages _____ times.

Coursework: The above named student has:

Successfully completed a credit-bearing Graduate Undergraduate fourth-semester course with a grade of "B" or better not more than two years before date of first registration at ISAW, and is deemed to have satisfied ISAW's language requirement for this language.

College or University: _____ **Term and Year:** _____

Most Advanced Course: _____ **Grade:** _____

Term and year of first registration at ISAW: _____

Signature of Faculty Reviewer

DGS Signature (Required for waiver of exam)