

Graduate Language Examination Application

Name _____ ID Number _____

For Native English SpeakersI request authorization to take the language examination in _____
Language

- ☐ Level A – without the use of a dictionary
- ☐ Level B – with the use of a dictionary

Student Signature _____ Date _____

On behalf of the department of _____, I certify that the above-named student has ☐ passed ☐ failed the examination in _____
at the _____ level on _____ (date).

Examiner Signature _____

For Non-Native English SpeakersI request authorization to waive the language examination. My native language is _____

Student Signature _____ Date _____

Taking Course

I have taken the following graduate level language course:

Course/Course Number _____ Semester _____

Graduate Coordinator - The above petition is approved_____
Department Chair (for Master's students only) _____ Date __________
Assistant Dean for Graduate Studies _____ Date _____

Please return to the Graduate Secretary in the College of Musical Arts.