



YALE UNIVERSITY

GRADUATE SCHOOL OF ARTS AND SCIENCES

Language Proficiency Certification Form

REGISTRAR

Name: _____ SID: _____
 Last First

Department: _____ Year of Study (current): _____

To be completed by the Director of Graduate Studies:

The student named above has fulfilled our language proficiency requirement in:

_____ on _____
 Language Date

Examiner: _____

This student has satisfied the Department's Language Proficiency Requirement(s):

- Yes
- No

 Signature of Director of Graduate Studies

Upon completion, send form to the Graduate School Office of the Registrar, Hall of Graduate Studies (HGS), Room 113.