



YALE UNIVERSITY

REGISTRAR

GRADUATE SCHOOL OF ARTS AND SCIENCES

Language Proficiency Certification Form (Combined Program)

Name: _____ SID: _____
 Last First

Department 1: _____ Year of Study (current): _____

Department 2: _____

To be completed by the Director of Graduate Studies (Department 1):

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

 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:

_____ on _____
 Language 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

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