



YALE UNIVERSITY

GRADUATE SCHOOL OF ARTS AND SCIENCES

*Language Proficiency Certification Form*

REGISTRAR

Name: \_\_\_\_\_  
Last First

SID: \_\_\_\_\_

Department: \_\_\_\_\_

Year of Study (current): \_\_\_\_\_

**To be completed by the Director of Graduate Studies (please save before printing):**

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

After department approval, either (1) fax to 203-777-6101 or  
(2) send to Graduate School Registrar, 246 Church Street, 3rd floor, New Haven, CT 06511