BROWN
Graduate School *Forms*

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REPORT OF SATISFACTION OF LANGUAGE REQUIREMENT

STUDENT NAME: _____ **SIS ID NUMBER:** _____

PROGRAM: _____

DATE OF EXAM: _____

TYPE OF EXAM:

- ☐ **DEPARTMENTAL**
- ☐ **STANDARDIZED TEST**
- ☐ **COURSEWORK**

The program in _____ hereby certifies that in its judgement the above student has demonstrated satisfactory proficiency in the following language/s:_____.

COMMENTS:

_____ _____
Department Chair Date

_____ _____
Director of Graduate Study Date

RETURN INSTRUCTIONS:

SEND ORIGINAL OF THIS FORM TO THE REGISTRAR (Box K)
AND ONE COPY TO THE GRADUATE SCHOOL (Box 1867).