



YALE UNIVERSITY

GRADUATE SCHOOL OF ARTS AND SCIENCES

Language Proficiency Certification Form

Name: _____ Last First	SID: _____ 9 digits, starts with 9, see ID
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

Upon completion please email to registrar.gsas@yale.edu or fax to (203) 436-9765