



YALE UNIVERSITY

GRADUATE SCHOOL OF ARTS AND SCIENCES

Language Proficiency Certification Form (Combined Program)

Name: _____ Last First	SID: _____ 9 digits, starts with 9, see ID
Department 1: _____	Year of Study (current): _____
Department 2: _____	

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

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