

LANGUAGE OR RESEARCH TOOL REQUIREMENT REPORT (REV. 2/15/16)



NAME	STUDENT ID
EMAIL	TELEPHONE NUMBER
DEGREE AND MAJOR (e.g. Ph.D. Anthropology)	CONCENTRATION

CHOOSE THE OPTION REQUIRED FOR YOUR DEPARTMENT AND/OR DEGREE.

ONE Foreign Language OR Research Tool

TWO Foreign Languages

ONE Foreign Language AND ONE Research Tool:

Foreign Language 1: _____ Date Completed: _____

Please indicate how satisfactory completion of this requirement was determined by choosing a box below:

Passed External Exam (score of _____)

It is the student's native language

Passed the following courses: _____

OTHER (see attach memo)

Foreign Language 2: _____ Date Completed: _____

Please indicate how satisfactory completion of this requirement was determined by choosing a box below:

Passed External Exam (score of _____)

It is the student's native language

Passed the following courses: _____

OTHER (see attach memo)

Research Tool: _____ Date Completed: _____

Please indicate how satisfactory completion of this requirement was determined by choosing a box below:

Passed the following courses: _____

OTHER (attach memo)

APPROVED BY

COMMITTEE CHAIR'S SIGNATURE	PRINT NAME LEGIBLY	DATE
ADDITIONAL COMMITTEE MEMBER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
ADDITIONAL COMMITTEE MEMBER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
ADDITIONAL COMMITTEE MEMBER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
ADDITIONAL COMMITTEE MEMBER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
DEPARTMENT CHAIR'S SIGNATURE	PRINT NAME LEGIBLY	DATE
COLLEGE/SCHOOL DEAN'S SIGNATURE	PRINT NAME LEGIBLY	DATE