

# LANGUAGES AND/OR RESEARCH TOOLS REQUIREMENT REPORT

(REV. 10/27/20)



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 AND ONE Research Tool

TWO Foreign Languages

TWO Research Tools

**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:** \_\_\_\_\_

Passed department-administered exam:

**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:** \_\_\_\_\_

Passed department-administered exam:

**Foreign Language Comments:**

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## Research Tool 1:

Date Completed:

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

Passed the following courses:

Passed department-administered exam: \_\_\_\_\_

## Research Tool 2:

Date Completed:

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

Passed the following courses:

Passed department-administered exam:

## Research Tool Comments:

### 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
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DEPARTMENT CHAIR'S SIGNATURE	PRINT NAME LEGIBLY	DATE
COLLEGE/SCHOOL DEAN'S SIGNATURE	PRINT NAME LEGIBLY	DATE

**ORIGINAL SIGNED FORM SHOULD BE SUBMITTED TO THE GRADUATE SCHOOL AFTER ALL OTHER SIGNATURES ARE COMPLETE**  
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