LANGUAGE EXAMINATION FOR CANDIDATES FOR DOCTORAL DEGREE

Request is entered herewith for a reading examination in the __________ language during the current semester.

Name of Student _______________________________ TUID# ________________

Address ______________________________________

Street No. City State Zip

Department of Study ____________ Major Area of Study _______________

Phone No. ____________________________ TU e-mail ______________________

Examiner’s Report

It is hereby certified that the student named above has passed the language examination in __________.

Date __________________ Signature of Examiner ________________________

It is hereby certified that the student named above has failed the language examination in __________.

Date __________________ Signature of Examiner ________________________

****NOTE: PLEASE RETURN THIS FORM TO THE CLA GRADUATE AFFAIRS OFFICE (12th Floor Anderson Hall)****