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|  | Graduate Native Language Verification |
| Student Information | |

Please complete this form and submit it to the Graduate Program Advisor, [gd-arthi@arthistory.ucsb.edu](mailto:gd-arthi@arthistory.ucsb.edu).

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major Area of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foreign Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe how your native language applies to your area of research:

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| --- | --- | --- | --- | --- | --- |
| *For Department Use Only* | | | | | |
|  |  |  |  |  |  |

By signing below, I indicate my approval for the application of this student’s native language proficiency to be applied to their language requirement.

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Graduate Advisor Signature Primary Thesis/Dissertation Advisor Signature