

Graduate Native Language Verification

Student Information

Please complete this form and submit it to the Graduate Program Advisor, arthistory-grad-advisor@ucsb.edu.

Student name: _____

Student Signature _____

Major Area of Study: _____

Foreign Language: _____

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

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.

Graduate Advisor Signature

Primary Advisor Signature