

College Graduate Office Owen Hall 812.856.3687 collgrad@indiana.edu

REQUEST TO SUBSTITUTE ENGLISH FOR A FOREIGN LANGUAGE

College of Arts & Sciences, Graduate Office

This form is not to be used for certification of proficiency. It is to be used only for permission to substitute English.

University ID I	Number:	Major Department:
Full Name:		
Native Countr	y :	Native Language:
Formal Englisl	h Training:	
1. Age stu	udy began:	
2. Total n	umber of years of study:	
Signatures of	Approval:	
	Applicant	Date
	Director of Graduate Studies	Date
	Dean, College of Arts and Sciences, Graduate C	Office Date
Hall, Room 216 a memorandur	dent's TOEFL score should be sent to the Depar b. Dr. Beatrix Burghardt, Program Coordinator on m certifying proficiency in English to the major d um and this form to the College Graduate Office	of English for Academic Purposes, will then send epartment. The major department will forward
•—	FOR COLLEGE USE ONLY (The original form wil	I be returned to the major department.)
Copies	: University Graduate School	
	Major Department	
	Student	

Date Updated: 10-Oct-19