

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 Number:		Major Department:	
Full Name:			
Native Countr	y :	Native Language:	
Formal English	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	
Language Stud	dent's TOEFL score should be sent to Linda S. Ablies; Memorial Hall, Room 312. Linda Abe will the major department will founder Office.	en send a memorandum certifying profic	iency in
•	FOR COLLEGE USE ONLY (The original form will	l be returned to the major department.)	→
Copies	: () University Graduate School () Major Department () Student		