

DOROTHY F. SCHMIDT COLLEGE OF ARTS AND LETTERS

**DEPARTMENT OF LANGUAGES,
LINGUISTICS, AND COMPARATIVE LITERATURE**

FLORIDA ATLANTIC UNIVERSITY

APPLICATION FOR PROOF OF FOREIGN LANGUAGE PROFICIENCY

APPLICATION

STUDENT INFORMATION

FIRST NAME

LAST NAME

Z-NUMBER

FAU E-MAIL ADDRESS ONLY

GRADUATION TERM

LANGUAGE

ADVISOR'S USE ONLY

NAME

COLLEGE

SIGNATURE

DATE

LLCL USE ONLY

REVIEWER'S STATEMENT AND SIGNATURE

This student has provided evidence of knowledge of the above language and has therefore satisfied the Foreign Language Exit Requirement.

NAME

SIGNATURE

DATE