



DEPARTMENT OF ENGLISH PETITION FOR THE LANGUAGE REQUIREMENT

Name: _____

Date: _____

E-mail: _____

Banner ID: _____

Program: Ph. D.

 M.A. Plan B

Academic Advisor (Faculty or DGS): _____

Proposed Plan for fulfilling the language requirement, including how it will be demonstrated (through an examination or thorough coursework), a timeline for completing the requirement, and the relationship of the language proficiency to the student's academic project (s) or career goals

If the student is applying for a waiver of the Language Requirement, provide a brief rationale:

Is this a revision? No Yes / Previous Petition Date: _____

Student signature

Date

Determination of the Academic Advisor or DGS regarding the Language Requirement:

Approve Deny

Academic Advisor signature

Date

Director of Graduate Studies signature

Date

Please turn this form in to the DGS at the time the Plan of Work is completed. A copy of these approvals will be kept in the student's file and a copy of the approved petition along with the result will be returned to the student.