FOREIGN LANGUAGE REQUIREMENT FORM
GRADUATE LITERATURE PROGRAM

**Instructions:** Students must submit this form to the Graduate Program Coordinator in order to fulfill their foreign language requirement. Please refer to the Literature Program Handbook for details regarding the requirements.

If you plan on taking the departmental translation test, this form must be filed at least **two months** before the preferred date of the test.

Students should fill out the form, then route to the Literature Program Director for approval, then route to Graduate Program Coordinator for confirmation of receipt (and scheduling of translation test if opting for option 1). Once this form is filed, changes can be made only upon petition to the Program Director.

Name _____________________________  Semester started in LIT PhD program (ex. Fall 2023) ___________________

Please fill out ONE of the 3 options listed below:

**OPTION 1:** I am satisfying the foreign language requirement by receiving the grade of Pass on the departmental translation test.

- What language is your exam? __________________________
- Please list 3 preferred dates/times that you would like to hold the exam. Exam must take place in-person on campus during business hours (9AM-5PM, Monday-Friday). Exam is 2.5 hours long.
  
  o Preference 1 | Date ________________ | Start Time: ___________________
  o Preference 2 | Date ________________ | Start Time: ___________________
  o Preference 3 | Date ________________ | Start Time: ___________________

**OPTION 2:** I am satisfying the foreign language requirement by earning an “A” in either a senior-level or graduate literature course in the language

- Please list the following information:
  
  o Course number and title (ex. FREN 500, French for Reading): __________________________
  o Semester and year taken (ex. Spring 2024): ______________________
  o Instructor’s name: ____________________

**OPTION 3:** I am satisfying the foreign language requirement by earning an “A”, “S”, or “P” in a graduate level translation course offered by a foreign language department at UA.

- Please list the following information:
  
  o Course number and title (ex. FREN 500, French for Reading): __________________________
  o Semester and year taken (ex. Spring 2024): ______________________
  o Instructor’s name: ____________________
Students Signature: ___________________________ Date: ________________________

PROGRAM DIRECTOR’S APPROVAL:

Program Director: ___________________________ Date: ________________________

CONFIRMATION OF RECEIPT:

Graduate Program Coordinator: ___________________________ Date: ________________________ (smao@arizona.edu)