

DEPARTMENT OF ENGLISH

Modern Languages Building #67 P.O. Box 210067 Tucson, AZ 85721-0067 Tel: 520-621-1836 Fax: 520-621-7397 english.arizona.edu

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 <u>Literature Program Handbook</u> 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.

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Namo	Con	nostor started in LIT PhD program (ov. Fall 2022)
Name	Sen	nester started in LIT PhD program (ex. Fall 2023)
Please fill out	ONE of the 3 options listed below:	
OPTION 1: I ar test.	m satisfying the foreign language require	ement by receiving the grade of Pass on the departmental translation
	language is your exam?	
• Please		rould like to hold the exam. Exam must take place in-person on campus
0	Preference 1 Date	Start Time:
0	Preference 2 Date	Start Time:
0	Preference 3 Date	Start Time:
course in the la	anguage e list the following information: Course number and title (ex. FREN 50	ement by earning an "A" in either a senior-level or graduate literature
0	Semester and year taken (ex. Spring 2024):	
0	Instructor's name:	
course offered	am satisfying the foreign language requing by a foreign language department at Use list the following information:	rement by earning an "A", "S", or "P" in a graduate level translation A.
0	Course number and title (ex. FREN 50	00, French for Reading):
0	Semester and year taken (ex. Spring 2024):	
0	Instructor's name:	



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Students Signature:	Date:
PROGRAM DIRECTOR'S APPROVAL:	
Program Director:	Date:
CONFIRMATION OF RECEIPT:	
Graduate Program Coordinator:(smao@arizona.edu)	Date: