Universi	tv of	Califo	rnia.	San	Diego

## **Department of Visual Arts**

## REPORT OF THE LANGUAGE EXAM

STUDENT NAME:		PID:		
		CHECK ONE:  ☐ FIRST LANGUAGE  ☐ SECOND LANGUAG		
APPROVED (YES OF	NO) EXAMINER'S	SSIGNATURE		
	EXAMINER'S PRIN	TED NAME/HOME DEPT.		
COMMENTS:				
Please attach a copy	OREIGN LANGUAGE REQUIF of your unofficial transcript , while as a graduate studer vo-year, lower-division se	with the relevant course with the relevant course with a	satisfactory (S) grade in	
☐ By completion	, while as a graduate studer ne-year, upper-division so	<u> </u>	2 ( ) 0	
□ Other (Summe	r Intensive/Immersion/DO	D Language Exam) Expla	nin why it is appropriate:	
			<del>-</del>	
ACKNOWLEDGED:	Faculty Adviser	DATE:		
	Graduate Program Director	DATE:		
	Department Chair	DATE:		