## History Department Language Exemption Form

| Student name:  | Splash Card #                                     |
|--|---|
| is requesting exemption from the foreign language re                                       | eading exam.                                      |
| Please attach a letter from your advisor with a ration materials to the Graduate Director. | ale for requesting the language exemption. Submit |
| Advisor signature:   | Date:   |
| Graduate Director:   |   |