



# UNIVERSITY OF OREGON

## LANGUAGE REQUIREMENTS: NATIVE LANGUAGE OTHER THAN ENGLISH

Student Name: \_\_\_\_\_  
Last Name, First Name

Student Number: \_\_\_\_\_

This is to certify that the graduate student listed above has demonstrated the use of his/her native language in an educational setting.

Faculty Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

### DEPARTMENT OF HISTORY

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