

# Alternative Certification Form

## English Language Proficiency Requirements

*Departments initiate alternative certification requests.*

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student UIN: \_\_\_\_\_

Department Head Name (Print): \_\_\_\_\_

Department Head Signature: \_\_\_\_\_

**Check one of the following options:**

**Option One:** The student named above has received a baccalaureate degree following four years of study at an accredited institution or institutions located in the U.S., and therefore qualifies for alternative certification.

**Option Two:** The student named above is a citizen of one of the approved countries listed by the [Office of Admissions](#) and the department requests an alternative certification for this student. Please list the approved country below.

**Option Three:** Other Alternative Certification Requests

All other requests for alternative certification require strong department justification and review in compliance with Office of Graduate and Professional Studies policies and guidelines. The student should provide the department with documentation to support alternative certification requests based on previous experiences and/or training. Departments should provide a brief justification below for the alternative certification request. Attach all supporting documentation to this form.