

## Alternative Verification Form English Language Proficiency Requirements

*Departments initiate alternative verification requests.*

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

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

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

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

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

**OPTION ONE:** I certify that the international student listed above holds a master’s degree from an accredited institution located in the U.S., and therefore qualifies for alternative verification.

**OPTION TWO: Other Alternative Verification Requests**

All other requests for alternative verification 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 the alternative verification request. Departments should provide a brief justification below for the alternative verification request. Attach all supporting documentation to this form.