MA Students in the Islamic Studies or Jewish Studies areas of concentration fulfill their foreign language requirement by taking two courses in Sanskrit or other approved (Hindu Studies), Arabic (Islamic Studies) or Hebrew (Jewish Studies) language or grammar at the beginning, intermediate, or advanced level. Once the two courses are completed, the student is eligible to certify language proficiency with this petition. (This petition must be completed and approved before submitting the Thesis Proposal Form.) This completed form with attached copy of student transcript (need not be official) is submitted to the GTU Academic Secretary, 2465 LeConte Avenue, 3rd floor.

Student Name: ___________________________ Student ID#: ______________________

Email: ___________________________ Area of Concentration: ____________

SCHEDULING WORKSHEET

Anticipated semester of graduation: ___________________________

Thesis defense and/or filing deadline (per GTU Extended Calendar): ___________________________

Proposed date of thesis defense: ___________________________

Deadline for Thesis Proposal Form (90 days prior to defense): ___________________________

Provide the complete and correct course information and attach a student copy of your transcript that includes the courses you are petitioning. (If you are petitioning courses taken before you began your MA Program, you will first need to complete that process by submitting the appropriate Petition form.)

I have completed the following two language or grammar courses at the beginning, intermediate, or advanced level in (check one):

☐ Arabic ☐ Hebrew ☐ Sanskrit or approved other language

<table>
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<tr>
<th>TERM/YEAR</th>
<th>COURSE #</th>
<th>FULL COURSE TITLE</th>
<th>INSTITUTION</th>
<th>GRADE</th>
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<td>BS 1128</td>
<td>Elementary Biblical Hebrew 1</td>
<td>PSR</td>
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I certify that the information that I have provided is true and correct.

Student Signature ___________________________ date ___________________________

The two courses above are completed and fulfill the language requirement for the student’s area of concentration.

CIS, CJS, or HSI Director signature ___________________________ date ___________________________