MA Students in the Islamic Studies or Jewish Studies areas of concentration fulfill their foreign language requirement by taking two courses in 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 petition to transfer those courses using the Petition To Transfer Coursework form.)

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

☐ Arabic ☐ Hebrew

<table>
<thead>
<tr>
<th>TERM/YEAR</th>
<th>COURSE #</th>
<th>FULL COURSE TITLE</th>
<th>INSTITUTION</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FA/13</td>
<td>BS 1128</td>
<td>Elementary Biblical Hebrew I</td>
<td>PSR</td>
<td>A</td>
</tr>
</tbody>
</table>

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 or CJS Center Director signature ___________________ date ___________________