

FOREIGN LANGUAGE REQUIREMENT DOCUMENTATION

Please indicate how you have fulfilled the Foreign Language Requirement for admission to the University of Florida by checking one of the options below:

Two years of a foreign language during high school

Name of high school: _____

Eight to ten semester credits of a foreign language taken at a community college or university

Name of college or university: _____

CLEP for foreign language

Date taken: _____

TOEFL iBT taken because English is your second language www.ets.org/toefl

Date taken: _____

By signing below you are declaring you have fulfilled the Foreign Language Requirement and can provide documentation, if requested.

Name (print clearly): _____ UF-ID: _____

Signature: _____ Date: _____

Return in the included envelope to:

Office for Student Affairs

College of Pharmacy

Attn: Conditional Admissions

PO Box 100495

Gainesville, FL 32610-0495