School of Social Welfare
PH.D. PROGRAM
UNIVERSITY AT ALBANY
STATE UNIVERSITY OF NEW YORK

Doctoral Form D-2

Language or Computer Proficiency

Name of Student: _______________________________________________

Student ID: _______________________________________________

The language or computer proficiency requirement has been met by:

_____ Successful completion of SSW 679 and SSW 687

_____ Satisfactory completion of a course approved by the Ph.D. Program Committee

   Course Name and Number: _________________________________
   Term: _________________________________________________
   University _____________________________________________

_____ Certification of computer proficiency by a full-time faculty member as documented by the attached memo signed by the faculty member

_____ Certification of proficiency in another language as documented by the attached letter signed by an official of a foreign language department of an accredited university certifying that the student has reading facility in the language.

_________________________________________________________
Student Signature      Date

Revised 11/2006