



**The Puck Building 295  
Lafayette Street New York,  
New York 10012**

Doctoral Program in Public Administration  
Foreign Language Requirement Waiver

Name of Candidate: \_\_\_\_\_ ID# N \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Reasons for Foreign Language Requirement Waiver:

A. Completed Research Methods Module \_\_\_\_\_ Date Exam Passed \_\_\_\_\_

B. Completed Advanced Statistics Course \_\_\_\_\_ Course Number \_\_\_\_\_

Title \_\_\_\_\_ Grade: \_\_\_\_\_ Semester: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PhD Program Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Student file