UNLV - Lee Business School – Marketing and International Business – MIB language proficiency

Referring Adviser: ______________________________________________

Student Name: ___________________________ NSHE#: ______________________

Student email address: ___________________________________________ (must be legible)

Planned functional area of study within IB: _____________________________

Proficiency is satisfied in ______________________________ yes _________ no_____

Student’s native language: _____________________________

How do you plan to prove proficiency?
___By exam

___By documentation (verified transcript, diploma)

Written test date: ______________ Score: _________

Verbal test date: ______________

COMMENTS:

____________________________________ _______________________________________ Date ________

Student - Print                                         Signature

____________________________________ _______________________________________ Date ________

MIB department Chair- Print                               Signature

____________________________________ _______________________________________ Date ________

Student - Print                                         Signature