Foreign Language Exam Application

This application for the Foreign Language Exam must be submitted to the appropriate Language Examiner no less than two weeks prior to the exam.

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Student Name: ____________________________ Language: ____________________________

Language Examiner: ____________________________ Date of Exam: ____________________________

Exam counts toward:  □ M.A. Requirements  □ Ph.D. Requirements

WAIVER: I am a native speaker of a language other than English.

Language: ____________________________

Graduate Advisor: ____________________________

Type of Exam:  □ Translation*  □ Conversation  □ Recording of Fieldwork

*If Translation Exam, select field(s) of interest:

□ Phonetics/Phonology  □ Morphology/Syntax  □ Sociocultural Linguistics

□ Discourse  □ Language Change  □ Language and Cognition

□ Corpus Linguistics  □ Other (specify): ____________________________

To be completed by the Language Examiner and returned to the Staff Graduate Program Advisor.

Date Exam completed: ____________________________

Results of Exam:  □ Pass  □ Fail

Language Examiner name (print): ____________________________

Signature: ____________________________ Date: ____________________________