

# Foreign Language Exam Application

This application for the [Foreign Language Exam](#) must be submitted to the appropriate Language Examiner no less than two week prior to the exam

Student Name:

Language

Language Examiner name:

Date of Exam

Exam To Counts Toward

M.A. Requirements

PhD Requirements

The language is a:

Research Language

Contact Language, I have an approved petition from faculty

Type of Exam

Translation\*

Summary\* (only available to students entering before Fall 2013)

Research Paper

Conversation  
(For Contact Languages Only)

\*If translation or summary exam, field(s) of interest

Phonetics/  
PhonologyMorphology/  
Syntax

Sociocultural Linguistics

Discourse

Language  
Change

Language and Cognition

Corpus  
LinguisticsOther  
(Specify)

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

Date Exam Completed

Results of Exam

Pass

Fail

Language Examiner Name

Signature

Comments