

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.

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: _____