COLLEGE OF GRADUATE STUDIES
THE UNIVERSITY OF TOLEDO

RETURN TO:

College of Graduate Studies
Main Campus
3240 University Hall
Mail Stop 933

Application for the Foreign Language Examination

Instructions: Complete this form and file it with the College of Graduate Studies. Bring the text material you would like to have considered, along with a copy of the signed Application, to the Department of Foreign Languages (Field House 2400) for approval.

Date Filed: _____ Rocket ID: _____

Name: _____ Telephone Number: _____

Degree Sought: _____ Program: _____

Advisor: _____

Examination Requested (Language): _____

Background in this language. Please indicate whether the language was native to your homeland, studied in high school or college, or learned in a self-study program.

_____
_____
_____
_____
_____
_____

Provide the year and check the term when the examination will be taken:

Year: _____ Term: ☐ Fall ☐ Spring ☐ Summer I ☐ Summer II

Check one:

- ☐ This is my first trial.
- ☐ This is my second trial.
- ☐ This is my third trial.

College of Graduate Studies

_____ _____
Received By Date

Please check box below:

☐ **Copy - Dept. of Foreign Languages**