Registration Form For
Graduate Foreign Language Reading-Translation Exams

Each student who wishes to register for a graduate foreign language reading-translation exam must complete this form.

Note: You can be tested in only those languages offered by NIU’s Department of World Languages and Cultures.

Today’s Date: _______________________
Student’s Name: ______________________________________ Z-ID# ________________________________
Address ______________________________________________________________________________________
City: ________________________ State: _________ Zip Code: _______________________
Phone Number(s): __________________________ Email Address: ________________________________
Student’s Academic Department: ________________________________________________________________
Language in which testing is to occur _____________________________________________________________

☐ Average Proficiency ☐ High Proficiency

To be completed by the student in consultation with his or her advisor, the department director of graduate studies, or the department chairperson.

Average Proficiency: Two hundred pages of text – List book title(s), title(s) of articles and journals from which articles are drawn, etc.

High Proficiency: Two different texts – List book title(s), title(s) of articles and journals from which articles are drawn, etc.

_______________________________________________________________________________________________
_______________________________________________________________________________________________

Signature: ____________________________ Date: __________________________

Department chairperson or director of graduate studies – This signature indicates that the selected language, proficiency level, and text(s) are approved by the student’s department.