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 (for languages other than Latin and Ancient Greek) – List book title(s), title(s) of articles and journals from which articles are drawn, etc.

High Proficiency:
Two different texts (for Latin and Ancient Greek languages) – 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.