

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 _____
<input type="checkbox"/> Average Proficiency <input type="checkbox"/> 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.