

**DEPARTMENT OF HISTORY
APPLICATION FOR LANGUAGE EXAMINATION**

Name: _____

Telephone: _____ Email: _____

Date of Entry Graduate Program: _____

Chairperson of your Guidance Committee: _____

First semester students who have not yet found a committee may omit

List any Language Exams passed
previously: _____

Indicate School and Date: _____

I wish to be examined in: _____
(ENTER LANGUAGE)

Signature: _____ Date: _____

Return completed form to the Graduate Program Secretary LT 707

Sample past exams may be obtained from the Graduate Secretary.

The Graduate Secretary will contact you via email to confirm the date, time, and place of the language exam.

PLEASE ARRIVE ON TIME. YOU MAY BRING A DICTIONARY BUT NO ELECTRONIC DEVICES. THE DURATION OF THE EXAMINATION WILL BE TWO HOURS.