

## Application for Graduate Language Examinations

Legal Name \_\_\_\_\_

Date \_\_\_\_\_

(       ) \_\_\_\_\_

U       -       - \_\_\_\_\_

Phone \_\_\_\_\_

BUID \_\_\_\_\_

Department \_\_\_\_\_

Instrument \_\_\_\_\_

***All correspondence for these examinations (including the results) will be sent to the student's BU email address or local mailing address on file. If there is need to send to an alternative email or mailing address, please let your department coordinator know in Room 240.***

### Selection

Please select which of the following examinations you plan to take:

- ☐ Italian
- ☐ French
- ☐ German

**This application must be completed and returned to your department coordinator in Room 240 no later than one week prior to the date of the examination.**

#### **FOR OFFICE USE ONLY:**

Approval: \_\_\_\_\_  
Administrative Coordinator

\_\_\_\_\_ Date