Please print clearly.

Name (First, middle, last) ______________________________________________________

Class Year ______ Major _________ Student ID _____________________________

Local Address __________________________________________________________________

City, State, ZIP Code __________________________________________________________________

Local Phone # ___________ Email _________________________________________________

Language in which you wish to be tested _________________________________________

Your country of origin ___________________________________________________________

Where did you attend high school? ________________________________________________

Did you complete four levels of your native language in high school?

☐ Yes    ☐ No

Was at least one year of high school conducted in a language other than English?

☐ Yes    ☐ No

If yes, please list the language ___________________________________________________

When you submit this request, we will check our records. If we already have a tester available in your language, we will send you a proficiency form and information about how to arrange for the test. If we do not have a language faculty member available to test you, you may need to satisfy your language requirement with one of the many language sequences offered by the University.