

## Report on Foreign Language Reading Proficiency

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student ID (if known):  and/or NetID (if known):

Email: \_\_\_\_\_ Degree Program: \_\_\_\_\_ Ph.D. \_\_\_\_\_ M.A. Music History \_\_\_\_\_

### Method (choose one):

Undergraduate intermediate- or higher-level language courses (2 semesters)

Course 1: Number \_\_\_\_\_ Title \_\_\_\_\_

Course 2: Number \_\_\_\_\_ Title \_\_\_\_\_

Undergraduate foreign-language literature course (in original language: 1 semester)

Course Number \_\_\_\_\_ Title \_\_\_\_\_

Foreign language reading examination:

Date of Examination \_\_\_\_\_

Language \_\_\_\_\_

Name of Examiner  
(please print) \_\_\_\_\_

**Note: The Examiner may NOT be a member of the Student's Advisory Committee**

Examination was taken by this student in this language for the:

First Time

Second Time

Third Time

**Result of Examination**

Pass

Fail

Examiner Signature \_\_\_\_\_ Date \_\_\_\_\_

Major Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit completed form to the Music Office**