



This form must be completed and returned before credit for foreign language can be awarded.

1. Personal Information

_____	_____	(_____)	_____
Family name	First name	Maiden name	SSN or student ID #

2. Date of Birth (day / month / year) _____ / _____ / _____

3. Place of Birth (city, state or province, country) _____

4. Primary school (grades K – 6)

_____	_____	_____
Name of school	Country of Attendance	Language of instruction

6. Middle & High school (grades 7 – 12)

_____	_____	_____
Name of school	Country of Attendance	Language of instruction

7. Title of diploma issued (US High School, Abitur, Maturitá) _____

8. Your age at graduation _____

9. Comments

PLEASE RETURN THIS FORM TO:

University of Maryland University College *Europe*

U.S. Post: Unit 29216, APO AE 09102 • (DSN) 370-6762

International Post: Im Bosseldorn 30, 69126 Heidelberg, Germany • (06221) 3780 • Fax (06221) 378300

Email: edevals@ed.umuc.edu