



## Foreign Language Experience Questionnaire

The following information is needed to help us conduct a thorough educational review of transfer credit via credit-by-examination in the foreign language area.

### Personal Information

_____	_____	_____	_____
Family Name	First Name	Maiden Name	EmpID #
_____		_____	
Date of Birth	Place of Birth (City, State or Province, Country)		

### Education

Primary School (Grade K – 6):

_____	_____	_____
Name of School and Country	From	To
_____	_____	_____
Name of School and Country	From	To

Middle School & High School (grades 7 -12):

_____	_____	_____
Name of School and Country	From	To
_____	_____	_____
Name of School and Country	From	To

Title of Diploma issued (US High School, Abitur, Maturitá): \_\_\_\_\_

Your age at graduation: \_\_\_\_\_

Foreign language exam that you  plan to take  have taken:

For Office
_____
_____
_____
_____
_____
_____

PLEASE RETURN THIS FORM TO:  
University of Maryland University College  
ATTN: Evaluations  
Unit 29216  
APO AE 09102