



Foreign Language Experience Questionnaire

The following information is needed to help us conduct a thorough educational review on your eligibility to earn college credit in a foreign language.

Personal Information

_____	_____	_____	_____
Family name/Last name	First name	Maiden name	EmplID
_____	_____		
Date of birth	Place of birth (city, state or province, country)		

Education

Primary School (Grade K - 6):

_____	_____	_____	_____	_____
Name of school	Country or state & location	Language of instruction	From	To
_____	_____	_____	_____	_____
Name of school	Country or state & location	Language of instruction	From	To

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

_____	_____	_____	_____	_____
Name of school	Country or state & location	Language of instruction	From	To
_____	_____	_____	_____	_____
Name of school	Country or state & location	Language of instruction	From	To

Title of diploma issued (US High School, GED, Abitur, Maturità): _____

Your age at graduation: _____

Foreign language exam that you plan to take have taken Exam title: _____

Please list any other detailed information explaining how you acquired knowledge in the language.

FOR OFFICE USE ONLY

Please return completed form to:
 University of Maryland University College
 Office of Evaluations
 Unit 29216
 APO AE 09004
 Fax: +49-(0)6221-378157
 E-mail: edevals@europe.umuc.edu