APPLICATION FOR DOCTORAL LANGUAGE EXAMINATION

The University of Tennessee
The Graduate School

Name: Student ID#:
Last First Middle

Street: E-mail address:

Term exam will be taken:

City State Zip

Student's Major: Examination in:
Language

Departmental language representative must sign to schedule exam and submit reading passage to Department of Modern Foreign Languages and Literatures.

Departmental Language Representative (Signature) Date

Departmental Language Representative (Please Print) Campus Address of Representative

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Submit completed form to:
Graduation Specialists
The Graduate School
P-105 Andy Holt Tower
Knoxville, TN 37996-0104

OFFICE USE ONLY:

Results of the Examination Date Dean of the Graduate School