



# 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	EmpID #
Date of Birth		Place of Birth (City, State or Province, Country)	
Student Email:		Student Phone:"	

### 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 (grades 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, Maturitá): \_\_\_\_\_

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.

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For Office Use Only
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PLEASE RETURN THIS FORM TO:  
 University of Maryland University College  
 Undergraduate Records / Degree Audit  
 3501 University Boulevard East  
 Adelphi, MD 20783