



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: _____

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

For Office Use Only

PLEASE RETURN THIS FORM TO:
University of Maryland University College
Undergraduate Records
3501 University Boulevard East, Room 2229
Adelphi, MD 20783