



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.

For Office Use Only

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