

DOROTHY F. SCHMIDT COLLEGE OF ARTS AND LETTERS

**DEPARTMENT OF LANGUAGES,
LINGUISTICS, AND COMPARATIVE LITERATURE**

FLORIDA ATLANTIC UNIVERSITY

LANGUAGE PROFICIENCY TEST

APPLICATION

STUDENT INFORMATION

FIRST NAME

LAST NAME

Z-NUMBER

FAU E-MAIL ADDRESS ONLY

GRADUATION TERM

LANGUAGE

ADVISOR'S USE ONLY

NAME

COLLEGE

SIGNATURE

DATE

LLCL USE ONLY

STUDENT'S SIGNATURE AT THE TIME OF EXAMINATION

DATE

REVIEWER'S STATEMENT AND SIGNATURE

Upon reviewing the attached Language Proficiency Results of the above-named student, I deem him/her to have satisfied the Foreign Language Exit Requirement of Florida Atlantic University .

NAME

SIGNATURE

DATE