



Graduate Language Exam Application

Name (print): _____

Date: _____ Phone: _____

Department in which you are enrolled: _____

Field in which examination will be taken: _____

Language: _____ Email: _____

Subjects in this language taken at MIT: _____

EXAMINATION MATERIALS AUTHORIZATION

Materials must be brought at the time of registration

Book or Photocopy

Title(s) of material: _____

**I have approved the above material selected for the Graduate Language Examination
(to be completed by a department administrator or faculty member):**

Name (Print): _____

Phone: _____ Email: _____

THIS SPACE FOR GLOBAL STUDIES & LANGUAGES DEPARTMENT ONLY

EXAMINER please indicate passages selected for translation:

Date examined: _____ PASS FAIL Examiner _____

Please return this application with examination materials (150-200 pages)
to the MIT GSL main office (14N-305) **two week prior to the exam.**