

Massachusetts Institute of Technology
Foreign Languages & Literatures
Room 14N-305 • Cambridge, MA 02139
Telephone: (617) 253-4771 • Fax: (617) 258-6189

GRADUATE LANGUAGE EXAMINATION 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 FOREIGN LANGUAGES & LITERATURES DEPARTMENT ONLY
EXAMINER please indicate passages selected for translation:

Date examined: _____ PASS FAIL Examiner _____

Please return this application with examination materials to 14N-305
no later than Wednesday April 1, 2009.