To register for NYU foreign language exams administered at Marylhurst University, complete this form and Part One of the registration form on the reverse side. Return this form and the appropriate fees to the Center for Experiential Learning & Assessment, Marian Hall, Room 126. Testing is scheduled for the latter part of each term. Exam time and location will be confirmed upon arrival of the exam materials from New York University.

Name________________________________________ Date_______________

Marylhurst Degree Admission Date________________________________________

Language to be Tested____________________________________________________

Test Version Selected (pick one):

18 crs. ($385)___________

24 crs. ($495)___________

I have examined the student’s current degree plan. Foreign language credits can be used in the student’s program and I am recommending the student take the exam listed above.

_______________________________________________________________________
Advisor’s Signature Date

For further information, contact the Center for Experiential Learning & Assessment at 503.699.6260/800.634.9982, or email pla@marylhurst.edu
Foreign Language Proficiency Exam Registration Form

PART ONE (to be completed by student)

Last Name_________________________________First Name_________________Middle Initial______

Address_______________________________________________________________________________
______________________________________________________________________________________

Day Phone_________________________________Evening Phone________________________________

Social Security or Marylhurst ID#____________________Email Address__________________________

Language to be tested_________________________________

Student’s Signature_____________________________________________________Date____________

PART TWO (to be completed by Center for Experiential Learning & Assessment)

Off-site person administering the test:

Name__________________________________________________________Title:  Program Coordinator

Institution: Marylhurst University

Send report letter to:

Name__________________________________________________________Title:  Credential Evaluator

Institution: Marylhurst University
Office of the Registrar
Attn: Julia Reisinger
17600 Pacific Highway (Hwy. 43)
P.O. Box 261
Marylhurst, OR 97036-0261