



Department of Romance Languages and Literatures  
University of Notre Dame

## REGISTRATION FOR GRADUATE READING EXAM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Graduate Department: \_\_\_\_\_

Graduate Advisor: \_\_\_\_\_

Language in which you will take this exam: \_\_\_\_\_

High school years of study \_\_\_\_\_

College years of study \_\_\_\_\_

Have you taken the Graduate Foreign Language Reading Examination at Notre Dame before?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

In which language? \_\_\_\_\_