

Washington State University

Department of Foreign Languages and Cultures
Thompson Hall 110
(509) 335-4135

Translation Exam for Graduate Students in Other Departments

APPLICATION FORM

Your name: _____

E-Mail Address: _____ Telephone: _____

Department: _____

Your Major Field: _____ M.A. / Ph.D. level

Your Area of Specialization: _____

Your Advisor: _____

E-Mail Address: _____ Telephone: _____

Target Language: _____

Professor in Charge of the Exam: _____

Scheduled Date of the Exam: _____

Fee Paid: _____ Date: _____

Checked By: _____

Grade: Pass / Fail _____ **Date:** _____

Comments: _____

Professor's Signature: _____