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: ______________________