

## Second Language Competency Examination Registration

Full LEGAL Name \_\_\_\_\_

Email address \_\_\_\_\_ Phone # \_\_\_\_\_

Box # \_\_\_\_\_ Local Mailing Address \_\_\_\_\_

Declared Major(s) \_\_\_\_\_

You are currently a \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior

Your competency exam will be taken in which language?

\_\_\_\_\_ French \_\_\_\_\_ German \_\_\_\_\_ Spanish

\_\_\_\_\_ Chinese \_\_\_\_\_ Japanese \_\_\_\_\_ Russian

Have you taken language courses at Wittenberg? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "Yes", please check the level of courses you have completed.

\_\_\_\_\_ 101 \_\_\_\_\_ 111 \_\_\_\_\_ 112 \_\_\_\_\_ 150 \_\_\_\_\_ 200 or higher level class

Have you taken the competency examination before?

\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", how many times? \_\_\_\_\_

I verify that all the above information is correct. \_\_\_\_\_

*Student's Signature*

*Students are permitted three attempts to pass the competency exam. Failure to appear on the day of the examination counts as one attempt if you have registered and not canceled in advance of the scheduled examination day.*

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### FOR OFFICE USE ONLY

Date of examination \_\_\_\_\_

This student has \_\_\_\_\_ PASSED \_\_\_\_\_ FAILED the competency examination.

Comments:

Signature of Faculty Member \_\_\_\_\_