



College of Liberal Arts  
TEMPLE UNIVERSITY

**LANGUAGE EXAMINATION FOR CANDIDATES FOR MASTER'S DEGREE**

Request is entered herewith for a reading examination in the \_\_\_\_\_ language during the current semester.

Name of Student \_\_\_\_\_ TUID# \_\_\_\_\_

Address \_\_\_\_\_  
Street No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Department of Study \_\_\_\_\_ Major Area of Study \_\_\_\_\_

Phone No. \_\_\_\_\_ TU e-mail \_\_\_\_\_

**Examiner's Report**

It is hereby certified that the student named above has *passed* the language examination in \_\_\_\_\_.

Date \_\_\_\_\_ Signature of Examiner \_\_\_\_\_

It is hereby certified that the student named above has *failed* the language examination in \_\_\_\_\_.

Date \_\_\_\_\_ Signature of Examiner \_\_\_\_\_

**\*\*\*\*NOTE: PLEASE RETURN THIS FORM TO THE CLA GRADUATE AFFAIRS OFFICE (12<sup>th</sup> Floor Anderson Hall)**