

LANGUAGE TEST

NAME: _____
LAST (Family) First (Given) Middle

ADDRESS: _____

TELEPHONE:* _____ e-mail _____

DEPARTMENT YOU WERE ADMITTED TO _____

*If possible, please provide a telephone number or e-mail address where you can be reached.

FIRST LANGUAGE: _____

SECOND LANGUAGE: _____

NOTE:

This form must be completed by all New Teaching Assistants, currently residing in the U.S., and returned to the Office of Graduate Education with the Pre-Registration Form. If you are required to be Language tested, you will be notified by email or telephone of the time and place for the Language test.

If you have any questions, please contact Dennis Gornic by phone at **(518) 276-6488** or by e-mail at **gornid@rpi.edu**.