

**REGISTRATION FOR FOREIGN LANGUAGE GRADUATE  
COMPREHENSIVE EXAMINATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID: M00\_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Language: \_\_\_\_\_ Degree: \_\_\_\_\_ MA \_\_\_\_\_ MED

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Please print & mail to:

Department of Foreign Languages  
Graduate Summer Institutes & Workshops  
Millersville University  
PO Box 1002  
Millersville, PA 17551-0302

Applications must be received by June 28, 2004.