RADFORD UNIVERSITY

Department of Foreign Languages

Foreign Language Registration Form

Thank you for your interest in taking a foreign language! After completing the placement test in D2L, please complete this form and email to tfields15@radford.edu

Language:

Name:

RU ID#:	Major:			
Email:	Class Standing:			
List the number of seme	esters/years of study yo	u have taken of this la	nguage in the appropriat	te section below:
Institution	How long studied?	Average grades	AP or IB credit?	Dates of study (Mo/YR- Mo/YR)
High School				
College				
Please share any previo	us experience/ use of th	nis language outside of	a classroom setting:	
Signature:				
OFFICE USE ONLY: SCORE:P	lacement Pecommendati	20.	Initial and Date:	
Student Notified: YES NO				
Registered for a class? YE				_
FORL Placement Complete			date:	