

# MARYLAND-IN-NICE

## Supplementary French Language Ability Form

This application is for: ( ) Full Year ( ) Fall Semester ( ) Spring Semester

NAME: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

UNIVERSITY ID (For non-UM students, Social Security Number): \_\_\_\_\_

### FRENCH LANGUAGE INFORMATION

French Courses Completed:	Grade Achieved	Term Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What courses are you currently taking in French?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please attach a French writing sample (approximately one page in length).*

Any questions? Please contact us at:

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