REGISTRATION FOR THE GRADUATE PROFICIENCY EXAMINATION IN

ANCIENT GREEK OR LATIN

This form must be filed with the secretary of the Department of Classical Studies at least two weeks before the date on which the candidate is to take the examination.

Name (Please Print)_____
Last First Middle

Student IU Identification No._____

Address_____

Phone_____Email _____

Home Department_____Degree Sought_____

Which exam taking, Latin or Greek _____

Head of Committee (Or Advisor)_____

Have You Taken This Examination Before?_____

Date Test Will Be Taken _____

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For the use of examiner only:

Examination used_____

PASS_____ FAIL_____

Date_____