

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

IU Student Identification No. _____

Address _____

Phone _____ Email _____

Department _____ Degree Sought _____

Head of Committee (Or Advisor) _____ Email _____

Exam (select one):

- Ancient Greek
- Classic Latin
- Medieval Latin (Humanities)
- Medieval Latin (Musicology)

Have You Taken This Examination Before? _____

Preferred exam date and time: _____

For the use of examiner only:

Examination used _____

PASS _____ FAIL _____

Date _____