



School of Theology
and Religious Studies

LANGUAGE EXAM SCHEDULING REQUEST

Please return this form to Mrs. Tania Valencia-Hernandez: Academic Specialist valencit@cua.edu Caldwell Hall 106

Name: _____

ID#: _____ Academic Area: _____

Language Requested _____

Faculty Member Responsible for Grading: _____

The Academic Area Director will be able to provide this information.

Date Submitted: _____

All requests must be made at least two weeks in advance of the requested exam date.

Exam Date Requested _____

Exam Time Requested _____

Once the form is submitted, the Assistant will also contact the Area Director to provide the text in the requested language. While most requests for a specific dates can be accommodated, there are circumstances that may prevent certain dates from being available for testing. The student will be contacted with confirmation or rescheduling requests.

Requested by: _____
(Student Signature) (Date)

Approved by: _____
(Academic Area Director Signature) (Date)

Date Received by Academic Specialist: _____

Office Notes: