

Application to take the Master's Exam

**Department of Foreign Languages and Literatures - 103 Jastak-Burgess Hall
University of Delaware**

I. Your Name: _____ Circle One:

II. Address: _____ FLP or FLL

III. Telephone: _____

IV. Date you plan to take the Comprehensive Exam:

_____ late April/early May, 20__ _____ late October/early November, 20__

V. Please indicate period of specialization (French FLL students only):

VI. Please indicate area of specialization (Spanish FLL students only):

_____ Peninsular _____ Latin American

VII. FLP students, please indicate which exam(s) you wish to sit at this time:

_____ Literature _____ Pedagogy

VIII. List the courses you have taken which satisfy the requirements for the M.A. degree option you have chosen:

_____, _____, _____,
_____, _____, _____,
_____, _____, _____,
_____, _____, _____.

IX. If you are graduating this semester, be sure to make **separate application** to the Graduate School ([Application for Advanced Degree Form](#)) by:

February 15 for May degree September 15 for December degree

Signed _____ Date _____