

*Department of World Languages and Literatures
California State University, San Bernardino*

APPLICATION FOR DIRECTED LANGUAGE STUDY

QUARTER (Fall/Wint/Sprg) _____

LANGUAGE: _____

NAME: _____

COYOTE ID # _____

EMAIL: _____

TEL: _____

MAILING ADDRESS: _____ line 1

_____ line 2

YEAR OF STUDIES AND MAJOR (i.e., graduate student in National Security Studies Program; Senior majoring in international business, etc., student enrolled in another university, etc.)

PREVIOUS COURSES IN THIS LANGUAGE (IF ANY) AND WHERE:

STUDY ABROAD OR OTHER EXPERIENCE (IF ANY)
(Please indicate duration as well):

REASONS FOR WANTING TO STUDY THIS LANGUAGE (i.e., for personal enrichment or career, to fulfill a language requirement, to renew language proficiency certificate already received, etc.):

EXPERIENCE (IF ANY) SPEAKING AT HOME OR WITH FAMILY MEMBERS:

PLEASE RETURN THIS FORM (with email notification, if possible) TO:

Dr. Liz Martin
Director, Directed Language Study program
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