



UNIVERSITY OF  
**SOUTHERN MAINE**  
 OFFICE FOR PRIOR  
 LEARNING ASSESSMENT

253 Luther Bonney Hall  
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 207-70-4663

## LANGUAGE EXAMINATION REGISTRATION FORM

The Office for Prior Learning Assessment (PLA) offers proficiency exams in over fifty languages. To register for one of these exams, please complete the following form and submit to PLA at 253 Luther Bonney Hall on the Portland Campus. Please allow at least two weeks from the date of registration for the scheduling your exam, at a mutually agreeable time. **NOTE:** Passing the first level (2-hour) exam will result in meeting USM's history requirement in language. Passing the second level (3-hour) exam will result in meeting the language requirement for the International Relations/Political Science Department.

Today's date: \_\_\_\_\_

NAME \_\_\_\_\_

Date of birth \_\_\_\_\_ E-mail \_\_\_\_\_  
Month Day Year

Social Security (required for all exams) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country (if applicable) \_\_\_\_\_

Language to be tested _____	Check one:	<input type="checkbox"/> 2-hour exam
		<input type="checkbox"/> 3-hour exam

**Payment**

2-hour exam: \$300 (exam) + \$60 (proctoring) + \$20 (shipping)      \$380 \_\_\_\_\_

3-hour exam: \$400 (exam) + \$90 (proctoring) + \$20 (shipping)      \$510 \_\_\_\_\_

**ALL CREDIT WITH THESE LANGUAGE EXAMS RESULTS IN GENERAL ELECTIVE CREDIT AT USM**

Results of the exam should be sent to (complete and correct address is essential):       SAME as above

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country (if applicable) \_\_\_\_\_

**Billing Office Only**

Account to be credited:	B    D            A    C    F	<input type="checkbox"/> Credit Card	Exp. Date _____
Indicate amount received: \$ _____	<b>06-6805005-45322-24-00</b>	Type of credit card:	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover
Date received: _____		Name on card: _____	
Method of payment: <input type="checkbox"/> Check <input type="checkbox"/> Cash		Card Number: _____	V# _____

Name of student \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_