BI-LINGUAL CAPABILITY QUESTIONNAIRE

Name:		
1. Do you have bi-lingual capability? Yes	No	
If yes, please indicate: Language	Fluent	Conversational
Language	Fluent	Conversational
2. Have you ever lived (not visited) in anoth	er country? Ye	es No
If yes, list country and number of months: Co	ountry	# of months
Co	ountry	# of months
3. Have you:		
a. studied abroad? Yes No		
If yes, list country and number of months:		
Country# of months		
Country# of months	9.	
b. taken any high school language courses?	YesNo_	
If yes, list language and number of years:		
Language # of years		
Language# of years	11	
c. completed a Rosetta Stone course? Yes_	No	
If yes, list language and indicate if you passe	ed the course:	
Language Did you pa	ıss?	
d. taken a college language course? Yes	No	
Language# of	terms	
Language# of	terms	
Academic year(s) course(s) completed: Fr	Soph Jr	Sr
4. Are you a foreign language major? Yes MSD 101-R	No	