

FOREIGN LANGUAGE PLACEMENT FORM

Instructions: Complete this form and bring it with you to a counseling appointment for placement. Call 650.949.7423 to make an appointment or fax this form to 650.949.6125. Your placement results will be emailed to you at the address you provide below.

Student Name: _____
Last *First*

Student ID: _____ Date: _____

Student Email Address: _____

1. Which language are you attempting to enroll in?

- | | |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> French | <input type="checkbox"/> Korean |
| <input type="checkbox"/> German | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Italian | |

2. Have you studied this language in high school?

- No (Go to the next question.)
If yes, for how many years? 1 2 3 4+

3. Have you studied this language in college?

- No. (Go to the next question.)
If yes, for how many quarters or semesters?
- | | | | | | |
|--------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> 1 qtr | <input type="checkbox"/> 2 qtrs | <input type="checkbox"/> 3 qtrs | <input type="checkbox"/> 4 qtrs | <input type="checkbox"/> 5 qtrs | <input type="checkbox"/> 6 qtrs |
| <input type="checkbox"/> 1 sem | <input type="checkbox"/> 2 sems | <input type="checkbox"/> 3 sems | <input type="checkbox"/> 4 sems | | |

4. Have you studied this language in a foreign country?

- No. (Go to the next question.)
If yes, for how many months?
- | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|------------------------------|
| <input type="checkbox"/> 1-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5-6 | <input type="checkbox"/> 7-8 | <input type="checkbox"/> 9-10 | <input type="checkbox"/> 11+ |
|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|------------------------------|

5. Are you a native speaker of this language or raised in a household in which language was the primary language of communication?

- No Yes

-----**FOR OFFICIAL USE ONLY**-----

COURSE PLACEMENT: _____

COUNSELOR SIGNATURE: _____



FOOTHILL COLLEGE

12345 El Monte Road ■ Los Altos Hills, CA ■ 94022-4599

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