

DEPARTMENT OF FOREIGN LANGUAGES

LANGUAGE BACKGROUND SURVEY

FRENCH

Name _____

QCC ID _____

Phone number _____

Major _____

DISCLAIMER: Please provide accurate and truthful information to the questions below by circling the appropriate answer. Failure to provide accurate information may affect your class program and financial aid status, and delay your graduation date. All the information contained in this survey will be treated confidentially and will be used for institutional purposes only.

1. Do you understand and speak French?

Select Yes – Go to Question 2
One No – STOP (do not go any further)

2. Have you attended high school in a French-speaking country for at least one year?
OR: Have you studied 3 or more years of French in high school?

Select Yes – Go to Question 3
One No – STOP (do not go any further)

3. Which of the following are you able to say and write in French?

Describe 4-5 activities you usually do during the day..... YES NO

Describe 4-5 activities you did this morning, and
2-3 activities you are going to do this afternoon..... YES NO

I hereby certify that the above answers are truthful and accurate. I am aware that if I register for a course that is different from the one I was placed into and advised to take, I will be moved to an appropriate level during the first weeks of class. It is the policy of the Foreign Languages Department that all students registering for a language course shall take a course at their appropriate language level. The Queensborough Community College administration has acknowledged that the instructor has the final say as to the course appropriate for my language level.

Signed _____ Date _____

-----STOP-----Do Not Fill Past This Point-----STOP-----

<i>Placement</i>	<i>Advisor's Initials</i>	<i>Date</i>