



POLISH SUPPLEMENTARY SCHOOL COUNCIL OF AMERICA, INC.
NEW YORK
CENTRALA POLSKICH SZKÓŁ DOKSZTAŁCAJĄCYCH W AMERYCE

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World Language Comprehensive Exam in Polish 2025

Regular High School: _____

Institution Name: _____

Language Studied: _____ POLISH _____

Minutes of Instruction Completed Per Week: _____ 240 _____

Teacher Name: _____

Years Experience Teaching this Language: _____ Total Years Teaching Experience _____

Certification: _____ X _____ Yes (specify area) _____ Polish Language _____

_____ No

<u>Name of Student</u>	<u>Exam Grade</u>	<u>Years Studied Language</u>
_____	_____	_____