

2001 ACL/N JCL NATIONAL GREEK EXAMINATION

PLEASE TYPE OR PRINT

DEADLINE 8 JANUARY 2001

SCHOOL INFORMATION

Name of Teacher/Professor _____
Name of School/College _____
street Address _____
City State/Province _____
Country, zip code (9 digit) _____
Phone Number _____
Fax number _____
E-Mail address _____

Name of Examiner (CANNOT be Greek teacher(s))

NUMBER OF EXAMINATIONS (PER EXAMINATION TYPE) ORDERED:

Beginning Attic* _____
Intermediate Attic* _____
Homeric Greek* _____
Attic Greek, Prose* (may be repeated for 2 years) _____
Attic Greek, Tragedy* (may be repeated for 2 years) _____
TOTAL NUMBER OF EXAMS ORDERED _____
TOTAL REMUNERATION FOR EXAMINATIONS
(\$3.00 per exam) \$ _____

Packet of five 2001 Examinations
(mailed **after** 19 March 2001) **add \$5.00 \$ L** _____
Examinations from previous 5 _____
e.g. Beg Attic (five different examinations) _____
GRAND TOTAL \$ _____

Check, in US funds, should be made payable to: "The American Classical League".

Please check appropriate date: week of 19 Feb 2001 week of 12 March 2001

Return to: ACL/NJCL National Greek Examination, The American Classical League, Miami University, Oxford, Ohio 45056, (513) 529-7741 .

Fax (513) 529-7742 . Email: info @aclclassics.org

- **please review new syllabi for accurate ordering.**

IMPORTANT - PLEASE fill out page two

TEACHER INFORMATION (optional)

Name _____

Home Street Address _____

Home City, State/Province _____

Zip Code (9 digit) _____

Home Phone Number,: _____

Home Fax #: _____

Where would you like future mailings (except exam packet) to go (circle one)?

School

Home