

**FOREIGN LANGUAGE COMPETENCY
Waiver/Substitution Form**

Date: _____

Student Information

Name: _____ ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Please select from one of the options below:

1. Request for waiver due to language competency (students born/live outside United States)

Language (other than English) spoken: _____

Place of birth: _____ Number of years living there: _____

On a separate page, please describe your exposure to another culture and language. This information should be very specific and outline how you have acquired a working level of proficiency beyond the beginning levels of grammar and composition and an appreciation of the customs, traditions, literature, etc. of a different culture. Appropriate documentation is required and consists of a National Passport, Visa or Birth Certificate with photo ID. Insufficient information could result in the waiver being denied.

2. Request for waiver due to language competency (students born/live within United States)

Language (other than English) spoken: _____

Date of Placement Exam: _____ Placement Exam Score: _____

Documentation of placement exam must be provided by the department certifying your proficiency at or above the 204 level. Additionally, on a separate page, please provide a very specific outline of how you have acquired a working level of proficiency beyond the beginning levels of grammar and composition and an appreciation of the customs, traditions, literature, etc. of a different culture.

3. Request for substitution due to disability

Type of disability: _____

On a separate page, please describe your situation and the impact it has on your ability to complete the foreign language requirement. Documentation from Disability Student Services must be attached to this form. If your request is granted, a substitution for the requirement will be selected in coordination with the Director of Undergraduate Student Services.

4. Request for substitutions due to other circumstances

To be considered for this request, you must submit a typed letter, in addition to this form, describing your situation addressed to the Director of Undergraduate Student Services. Supporting documentation is often helpful in reviewing your case. Decisions on all requests will be determined by the Director and the Director of the Undergraduate Programs Committee. If your request is granted, a substitution for the requirement will be selected in coordination with the Director of Undergraduate Student Services.

Approved _____ Denied _____ Reviewer's Name: _____ Date Reviewed: _____