

UNIVERSITY OF MARY WASHINGTON

Foreign Language Course Substitution Application

Is this a revised application? ___yes ___ no

PLEASE PRINT

Student's Full Name:		Banner ID (9 digit #)	UMW Box #:
Phone #:	Advisor(s) and their <u>respective departments</u> :		
Home Address:			
Hours of foreign language completed: () Please list classes:		Hours of foreign language needed: ()	

PROPOSED COURSES

Category	Course Title and Number	Course Title and Number	Course Title and Number
A. Understanding of Language			
B. World Literatures			
C. World History & Cultures			

How do these courses fulfill the intellectual coherence requirement? _____

Which course will be the last one you take at UMW? _____

Have you already successfully taken any of the above courses? YES NO

If so, which ones? _____

Are you using any of the above courses to fulfill another General Education requirement? YES NO

Note: Courses can satisfy only one general education requirement.

Are you changing the General Education goal for any of your completed classes? YES NO

If so, please list the course number and previous General Education goal: _____

Student Signature

Date

I have determined that this student is eligible for a foreign language course substitution and that the proposed courses are appropriate substitutes.

Director of Disability Resources

Date

I approve this application for foreign language course substitution.

JoAnn M. Schrass, PhD, Associate Dean of Academic Services

Date

cc: Office of Disability Resources Advisor(s) Office of the Registrar Student