Language Substitution Form
Approved Course(s) for Substitution of World Languages & Cultures Requirement*

*Prior approval for an accommodation by the Office of Accessibility Services and the Committee on Academic Standing is REQUIRED before this form can be submitted

STUDENT INFORMATION

Last Name: ___________________________ First Name: ___________________________ Camel #: ___________________ Class Year: __________

Student Signature: __________________________________________________________ Date: ______________________

Course(s) to be approved to satisfy substitution of the World Languages & Cultures requirement

LANGUAGE DEPARTMENT APPROVAL

The following course(s) should be applied to the student’s academic record in Degree Works as substitutions of the World Languages and Cultures requirement:

1. Course Subject: __________________ Course Number: ______________

   Course Title: __________________

   Transfer Institution (if applicable): __________________

   Language Department Chair ____________________________________________

   Printed Name ___________________________ Signature ___________________________ Date __________

2. Course Subject: __________________ Course Number: ______________

   Course Title: __________________

   Transfer Institution (if applicable): __________________

   Language Department Chair ____________________________________________

   Printed Name ___________________________ Signature ___________________________ Date __________

SIGNATURES

Please note that your signature below indicates approval of the above. If you are not in agreement, please do not sign the form.

Faculty Adviser ____________________________________________

   Printed Name ___________________________ Signature ___________________________ Date __________

Class Dean ____________________________________________

   Printed Name ___________________________ Signature ___________________________ Date __________

Language Department Chair, Faculty Adviser, and Class Dean Signatures are required
Return completed form to Registrar’s office via email/fax/scan or in person
Please contact registrar@conncoll.edu with questions about the use of this form