

# 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*

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### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Camel #: \_\_\_\_\_ Class Year: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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### 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

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### 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](mailto:registrar@conncoll.edu) with questions about the use of this form