

## **Request for Waiver of the Foreign Language Requirement**

Office of the Registrar 101 Bresee Hall Hartwick College Oneonta, NY 13820

Tel: 607-431-4460; Fax: 607-431-4260

## Please complete this form and return it to the Registrar's Office.

Name:	Date:
Email address:	Phone (in case of questions):
Hartwick ID #:	Date of Birth:
Conditions:	
waived from the foreign lan English if the preceding con 2. If a current U.S. citizen was	s born elsewhere, attended secondary school in that country, and studied a language other than quivalent), they will be waived from the foreign language requirement based on the official
	he foreign language requirement. If a student speaks a language other than English at home, nat language to fulfill the requirement.
	mination (administered by a department), consult the department to determine if an examination n evaluation fee of \$175 per course (up to 4 credits) will be charged. This fee must be submitted he term.
Your Primary Language:	
Language in which waiver is being	sought (if different from above):
	ary school transcript if you are applying for a waiver based on #1 or #2 above. If you are cannot produce a transcript, please provide information on a separate sheet of paper that explain
By signing below, you indicate t language waiver process.	that you have read and understand the terms and conditions associated with the
Student's Signature	Date
Registrar's Signature	Date
Office Use Only	
Approved/Denied:	Date Processed: Comments: