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:

1. International students whose first language is not English or who spoke at home a language other than English will be waived from the foreign language requirement. This waiver can include students from countries whose official language is English if the preceding conditions are fulfilled.

2. If a current U.S. citizen was born elsewhere, attended secondary school in that country, and studied a language other than English for four years (or equivalent), they will be waived from the foreign language requirement based on the official secondary school transcript (or equivalent).

U.S. students are required to fulfill the foreign language requirement. If a student speaks a language other than English at home, they may take a proficiency test in that language to fulfill the requirement.

To receive credit by proficiency examination (administered by a department), consult the department to determine if an examination is available for the desired course. An evaluation fee of $175 per course (up to 4 credits) will be charged. This fee must be submitted to Student Accounts prior to taking the term.

Your Primary Language: ______________________________________________________________________

Language in which waiver is being sought (if different from above): ______________________________________

Please attach a copy of your secondary school transcript if you are applying for a waiver based on #1 or #2 above. If you are applying for a waiver under #1 and cannot produce a transcript, please provide information on a separate sheet of paper that explains your language proficiency.

By signing below, you indicate that you have read and understand the terms and conditions associated with the language waiver process.

___________________________________________________________________________________________

Student’s Signature Date

___________________________________________________________________________________________

Registrar’s Signature Date

Office Use Only

Approved/Denied: __________ Date Processed: __________ Comments: