CENTRAL CONNECTICUT STATE UNIVERSITY
DEPARTMENT OF WORLD LANGUAGES, LITERATURES, AND CULTURES
LANGUAGE WAIVER REQUEST

Student’s Name:__________________________________________
ID Number:_______________________________________________
Language:________________________________________________

Select the Documentation Presented as Evidence:
☐ Copy of official transcripts from high school or college from foreign schools.
☐ E-mail from a CCSU faculty member was sent to the Assistant Chairperson of the World Languages, Literatures, and Cultures Department (casasmal@ccsu.edu). Please write the name of the person who is vouching for you: ______________
☐ Letter on official letterhead from a Community Institution or Authority (e.g., churches, Sunday schools, language schools, cultural Clubs, etc.). The letter should include the signature and contact information of the person who is vouching for you and must state that you are proficient in both speaking and writing.
☐ Other __________________________________________________________________________

Please note:
As a policy, the Department of World Languages, Literatures, and Cultures will contact the person/institution that is vouching for you. We make sure that they actually know you and can attest that your proficiency in the language (both in speaking and writing) is above the elementary II level. If not enough evidence can be obtained, the language waiver will be denied.

Do not write below this line
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For use of the Department of World Languages, Literatures, and Cultures
☐ Approved _______ ____________________________
   Lourdes Casas (Assistant Chair)
   Chairperson/Assistant Chairperson of the WL Department
☐ Denied. Reason___________________________________________________________
☐ Dean’s approval__________________________________________________________
   Dr. Elizabeth Throesch/ Associate Dean, CLASS