

Foreign Language Waiver Request Form

Department of Modern and Classical Languages
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Instructions for completing this form:

- Use ink.
- Print legibly.
- Do not leave any section blank. In order to process your request, we must have all of the information.
- Be sure to sign and date.

Name: _____
Last First Middle

Address: _____
Number Street Apt. No.

City State Zip Code

ID Number: _____ Email Address: _____

Telephone: Home: (_____) _____ Work: (_____) _____

Major: _____ Degree (circle): BA BS

Graduating under the _____ catalog (year of admission to GMU).

Current status (circle): Freshman Sophomore Junior Senior

Supporting Documentation (attach original documentation and submit with this form):

Language in which you wish to document proficiency: _____

A. If submitting transcripts,

Name of school attended: _____

Location of school: _____ Years attended: _____

B. If submitting test results,

Name and Title of Examiner: _____

Examiner's Telephone Number: (_____) _____

I certify that all information given above is true and correct to the best of my knowledge:

Student Signature: _____ Date: _____

Department Use only

Approved/Disapproved: _____ Date: _____