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410-778-7299      410-810-7159  
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**A. Student Information**

Last Name	First Name	MI	Washington College ID#
			/ /
Degree Program / Major	Start Term	Current Class Year	Date of Birth (mm/dd/yy)
Email Address	Telephone Number	Campus Box #	

B. Foreign language of exemption: \_\_\_\_\_

C. Reason for granting the exemption:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. Required Signatures**

Student Signature	Date
Signature of Associate Chair of the Department of World Languages and Cultures	Date

FOR OFFICE USE ONLY		
Date received: _____	Date Completed: _____	% Copy to Registrar's Office