Expedited form to “Petition to Substitute” the CAS Foreign Language Graduation Requirement with an approved culture-related course

Instructions: Some students who need to complete the CAS foreign language requirement have extenuating circumstances and can qualify to take approved cultural courses to substitute and fulfill the requirement. The expedited form is to be used in instances where the student has previously attempted high school and/or college foreign language courses.

Please list preferred courses to be used as substitutions (substitutions are identified in the CAS Foreign Language guidelines, “Criteria for Fulfilling the CAS Foreign Language Graduation Requirement) and indicate any previously taken courses for FL experiences. Students who do not meet these two criteria, or are requesting to waive the requirement, should continue to use the original petition form. No additional documentation needs to be attached to the expedited petition. For questions, please contact Chioma Heim, CAS Director of Advising, at 509-335-3670, chioma.a.heim@wsu.edu. Forward completed petitions via email or send to M/S 2421.

NAME: ___________________________ EXPECTED GRADUATION DATE: ______________

WSU ID #: _________________________ MAJOR: __________________________

EMAIL ADDRESS: ________________________

I am petitioning to substitute the following culture course(s) to fulfill the CAS Foreign Language Graduation Requirement (include institution where courses were taken if non-WSU):

1. __________________________

2. __________________________

Please briefly explain your previous attempts to fulfill this requirement, including the following: courses attempted (institution, dates enrolled) and final grade/withdrawal for those courses. Please include any extenuating circumstances that affected your ability to be successful in these attempts and why you believe substituting a culture course(s) is a better choice for your educational goals.

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Student Signature ___________________________ Date ______________

Academic Advisor Signature ___________________________ Date ______________

Advisor name (print) ___________________________

Phone: ______________ E-mail: ___________________________

CAS Dean Signature ___________________________ Date ______________

Recommend approval _________

Recommend denial ________

Updated 6.1.2023