

APPLICATION FOR A FOREIGN LANGUAGE SUBSTITUTION
National Catholic School of Social Service
School of Business and Economics and
School of Arts and Sciences

GENERAL INFORMATION

Today's date: _____

Name: _____

Male ___ Female ___

Student ID #: _____

Date of Birth: ____/____/____

Phone: _____

E-mail: _____

Current School Standing (Please indicate if you are in the **1st** or **2nd** term of your year):

____ Term Freshmen ____ Term Sophomore ____ Term Junior ____ Term Senior

Semester/year began at CUA: Fall Spring Summer Year _____

Expected Graduation Date from CUA: _____

Field of Study or Major: _____

Please answer the following questions as completely as possible. Use additional paper if necessary.

1) What exactly is your disability?

2) In your own words, please describe your disability and how it impacts your education in the area of foreign language:

3) Have you been using accommodations in your classes? How well have they worked for you?

4) Did you attempt a foreign language in High School? YES NO
If **yes**, please list the courses and the grades and indicate if accommodations were used.
If **no**, please explain why that decision was made and if you took any other courses to fill this requirement.

5) Have you attempted any foreign language courses at CUA or another two or four year institution? YES NO
If **yes**, please explain how you did and indicate if you used accommodations.

6) Please explain why exactly you are applying for a foreign language substitution.

7) Is supporting documentation of your disability currently on file with DSS? YES NO
If **no**, please provide as soon as possible and inquire as to what is needed.

I have read and understand the above policy and agree with the terms and hereby submit my application for a foreign language substitution. **Submitting this form does not guarantee approval.** All submitted information will be reviewed before a decision is made. I verify the above information is true to the best of my knowledge. I grant DSS permission to release information regarding my foreign language substitution to my appropriate Dean's Office and my academic advisor.

Signature: _____ Date: _____