

REQUIREMENT EXCEPTION REQUEST FORM

To be Completed by the Student (Please Print Clearly)

Full Name _____
First Middle Last

University ID Number _____

Expected Date of Graduation _____ UVa E-mail _____

Minor

- ☐ Italian ☐ Portuguese
☐ Spanish ☐ Business Spanish
☐ Latin American Studies

Major

- ☐ Italian ☐ Latin American Studies
☐ Spanish (please circle your Concentration)
General Literature & Culture Linguistics & Philology

Advisor's Name _____

Current Requirement

1. _____
2. _____
3. _____
4. _____
5. _____

Requested Replacement (Please include course mnemonic & number (e.g. SPAN 1234))

1. _____
2. _____
3. _____
4. _____
5. _____

Reason

Student's Signature _____ Date _____

Advisor's Recommendation (if relevant)

Please Return Completed Form to Department Office (New Cabell Hall 444)

Office use only

Approved by: _____
(Director of Undergraduate Programs or Program Advisor)

Date _____
(Month) (Day) (Year)

Entered into SIS by: _____

Date _____