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: ____________________________ Date (Month) (Day) (Year)

(Director of Undergraduate Programs or Program Advisor)

Entered into SIS by: ____________________________ Date ____________________________