Carleton College

Language Exemption Petition to the Language Requirement Exemption Committee

* Consult with the Office of the Provost (x4300) **before** completing this petition. *

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<th>ID:</th>
<th>Name:</th>
<th>Class year:</th>
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Email address: Date: 

Please attach a personal statement to the Language Requirement Exemption Committee outlining your difficulties in language study.

_________________________________________  _____________
Student Petition’s Signature           Date

Adviser’s Name: ________________________________

Adviser’s Comments:

_________________________________________  _____________
Adviser’s Signature           Date

Language Requirement Exemption Committee Comments:

☐ Granted upon the completion of ______ other Carleton 6-credit linguistics/culture/literature course(s) in lieu of further language study. Course(s) must be completed with a C- or better.

☐ Denied

______________________________  _____________
Signed by the Associate Provost on behalf of subcommittee           Date

Complete and return this form to the Office of the Provost, Laird 131