REQUEST for WAIVER of PLACEMENT

LANGUAGE: ___________________________ DATE: ___________________________

STUDENT PERSONAL INFORMATION

LAST NAME: ___________________________
FIRST NAME: ___________________________ MIDDLE INITIAL: _________________________
USD ID NUMBER: ___________________________
EMAIL: ___________________________

LANGUAGE BACKGROUND (languages you know or you have studied in school)

NATIVE LANGUAGE: ___________________________
STUDIED IN HIGH SCHOOL: ___________________________
STUDIED IN COLLEGE: ___________________________

REASON for REQUEST
Please explain briefly why you should be allowed to skip the standard placement process.

DOCUMENTATION
Please list any documents you are sending us to support your request.

SUBMISSION INFO
Email to: santiago@SanDiego.edu
Fax to: (619) 260 4190
Mail to: Dr. Santiago Rubio-Fernaz, Director of Placement
         Department of Languages and Literatures
         5998 Alcala Park
         San Diego, CA 92110-2492

Waiver decisions will be sent by email only to the address provided above within 7 days of receipt of request.

FOR OFFICE USE ONLY

DATE RECEIVED ___________________________ REVIEW DATE ___________________________
RESULT ___________________________
COMMENTS ____________________________________________