WILLAMETTE UNIVERSITY LANGUAGE SUBSTITUTION PETITION COVER SHEET, PART ONE

Please read all instructions.

Name			Student ID #	
Box #	Email		Local Phone/Cell	
Advisor				
Qualifyii	ng for a Substituti	on		
have a rece demonstrat	nt full psychoeducatio ed need, such as a sigr d retrieval, working m	nal or neuropsychologic nificant impairment in pl	Other than English required a lassessment and there a nonemic ability, processing be successfully addressed	must be a clearly ng speed, auditory
language le determining	earning and related info	ormation to determine if	ew all disability document there is a body of document. A waiver of language	nentation sufficient for
Direction	ns			
possible aft Accessible exception i	ter enrollment at Willa Education Services fo s granted, you will also	mette University. Comp r an individualized asses o need to complete Part	couraged to complete a plete this form and schedusment of your document Two, Form of Substitution courses	ale an appointment with ation and history. If an on. The Registrar will
Please state page if you		c an exception is approp	riate in your case. (You i	nay attach a separate
I approve th	his petition for a langu	age requirement excepti	on Yes	No
Director A	ES		Date	