

## Request for Foreign Language Substitution

Students with learning, speech, hearing or other disabilities that significantly impair their ability to acquire a foreign language may request a foreign language substitution. Disability Services (DS) recommends that students submit their requests by the end of their sophomore year for undergraduate students and at the start of their academic program for graduate students. Please allow four to six weeks for your request to be reviewed.

To be considered for this request, please submit the following required documents:

- Completed form below
- Disability documentation (refer to disability documentation guidelines available at [www.health.columbia.edu/ods](http://www.health.columbia.edu/ods))

Foreign language substitutions are for academic programs that have determined that the language requirement is not an essential part of the program of study. Students should consult with their academic program or advisor regarding specific course requirements.

For more information or questions, please contact DS at (212) 854-2388 or [disability@columbia.edu](mailto:disability@columbia.edu).

**Please note: If you are having difficulty in your language courses, but have not been previously diagnosed with a disability, please contact Disability Services to schedule an initial inquiry.**

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**Name:** \_\_\_\_\_

**UNI:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Anticipated Graduation Date:** \_\_\_\_\_

**Please provide complete information regarding the questions below:**

1. Describe the nature of your disability and when you were first diagnosed.

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2. Describe how your disability impacts your learning in the area of foreign language.

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3. Did you take a foreign language in high school or at a previous college? (If available, please attach transcripts.)  Yes  No

3a. If yes, what language and for how many years? \_\_\_\_\_

3b. If yes, what grades did you receive? \_\_\_\_\_

4. Have you taken any language courses at Columbia?  Yes  No

4a. If yes, please provide the names of the courses, professors and semesters of study.

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4b. Describe your performance in each class.

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4c. If you received a grade of "B" or higher, please describe the factors attributed to your success.

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4d. If you utilized any accommodations coordinated by DS, please describe the effectiveness of these accommodations.

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5. Please attach a personal statement explaining why you are requesting a foreign language substitution.

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By signing this form, you are providing your consent for Disability Services to contact previous language professors regarding your performance in their course and mastery of the language.

Name: \_\_\_\_\_ Date: \_\_\_\_\_