Foreign Language Waiver Form
American Sign Language

Instructions for completing this form:
• Use ink.
• Print legibly.
• Do not leave any section blank. In order to process your request, we must have all of the information.
• Be sure to sign and date.

Name: _______________________________________________________________________
Last                                          First         Middle
Address: ______________________________________________________________________
Number   Street   Apt. No.
____________________________________________________________________
City   State   Zip Code
G Number: ____________________ GMU Email Address: ______________________________
Telephone:     Home: ____________________________    Work: _________________________
Major: _______________________________           Degree (circle):      BA       BS
Graduating under the _________________ catalog year (year of admission to GMU).
Current status (circle):       Freshman         Sophomore         Junior         Senior
Language in which you wish to document proficiency:   American Sign Language

I certify that all information given above is true and correct to the best of my knowledge:

Student Signature: ________________________________________ Date: _________________

Submit this form via email to speced@gmu.edu. Decisions will be rendered when both this form and official ASLPI scores have been received.

Department Use Only
☐ ASLPI scores received        ☐ Complete waiver form received
☐ Approved        ☐ Not approved

Director’s signature: ______________________________________________________________________ Date: _________________

*A score of 2 on the American Sign Language Proficiency Interview (ASLPI) indicates intermediate-level proficiency in American Sign Language. The foreign language requirement will be waived for a student who receives a score of 2 or higher on the exam.