

LANGUAGE PETITION

UID# _____ Name: _____
Student Number Last First Middle

Local Address: _____
Number and Street City State Zip Code

Major: _____ Degree Objective : _____ Petition Term: _____

Petition Type	Requested Action
Coursework	
Coursework in Substitute Program	
English as a Foreign Language	
Native Language	
Language Examination	
Language Examination from Other University	
UCLA Language Department Placement Examination	
Other	

Additional Information

Signature _____ Date _____

Department Recommendation:

Petitioner: Do Not Write Below This Line

Approved by _____
Please print name and title

Signature _____

Date _____

Graduate Division Action _____

By _____

Deputy _____ Date _____