Franklin College of Arts and Sciences
Foreign Language Substitution Courses

Date: ________________________________
Student Name: ________________________
UGA ID#: 81
Majors(s): ___________________________

I have completed or plan to complete the following approved substitution courses to fulfill the Franklin College Foreign Language Requirement. I understand these courses may not be used to satisfy other Franklin College requirements, with the exception of the Multicultural Requirement.

Please include the prefix and number for each course, i.e., AFAM 2000. Note: If you have already earned some foreign language course credit, you may also fill in those course numbers on the lines below.

Course 1: _____________________________
Course 2: _____________________________
Course 3: _____________________________

For majors requiring the fourth semester of a foreign language:
Course 4: _____________________________

Additional Comments:

________________________________________________________________________

________________________________________________________________________

Student Signature ___________________________ Date __________________

Please submit this form to:
Graduation Certification Office
Franklin College of Arts and Sciences
358 Brooks Hall
706-542-5122
askgco@uga.edu