**EXEMPTION REQUEST FROM FRENCH COURSE**

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| To: Director of Foreign Languages Center | |
| Student’s full name: | |
| Student ID: | Intake: |
| Email address: | Phone Number: |

1. According to the current French exemption policy of USTH, I submit this letter to be considered for exemption from the course…………………………………………………………………………...
2. My reason for requesting exemption *(please check the box which applies to you):*

Holding DEFL certificate at …………. level *(fill your level)*

Holding TCF certificate of…………………. *(fill your score)*

Completing the 12-year-system French bilingual program

Holding Bachelor degree in French language

Having studied French in high school or another university

Having nationality of an French speaking country *(apply for Bachelor only)*

1. I agree and consent to the following if my request is approved:

• Not attending classes of exempted subjects.

• Attending classes and taking the final tests of compulsory subjects.

1. I enclose the necessary document for verification and will provide more information upon your request.

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| **DECISION BY DIRECTOR OF FOREIGN LANGUAGES CENTER** | **STUDENT**  (Signature and full name) |
|  | ………./………./………. |