FOREIGN LANGUAGE CITATION STUDY PLAN

HARVARD UNIVERSITY
FAS Registrar’s Office
Smith Campus Center, Suite 450
1350 Massachusetts Avenue Cambridge, MA 02138
(617) 495-1543

HARVARD COLLEGE

Family Name (Last): ____________________________________________________________
Given Name (First): ____________________________________________________________
HUID: __________________________________ House: __________________
Field of Concentration: _______________________________________________________
Language: ___________________________ Expected Date Of Graduation: ____________

COURSES

Please list the four courses you plan to take to meet the requirements for a citation in the
language indicated above.
1.____________________________________    2.____________________________________
3.____________________________________    4.____________________________________

Foreign Language Head Tutor/DUS Approval: _______________________________________
Allston Burr Assistant Dean: ______________________________________
Student’s Signature: ______________________________________Date: ________________

PLANS CHANGE

If you change your plans and decide not to complete the requirements for a Foreign Language Citation,
please inform the Foreign Language Head Tutor or your Resident Dean of the change.

PLEASE SUBMIT FORM TO THE OFFICE OF THE REGISTRAR. (SEE ADDRESS ABOVE)
Registrar’s Office Use Only     Date Received: _______ Date Processed: _______ Initial: _______