Seal of Biliteracy Credit Form

Students who have fulfilled advanced tasks through a Seal recognized by the state of Missouri (Seal of Biliteracy) will be awarded retroactive credit (specifically 110, 120, 211, and 221 level courses) once they have earned a grade of C or better in an advanced (300 or 400) UMKC language course (in the same language of the Seal).

Students who have fulfilled advanced tasks through a Seal recognized by the state of Missouri (Seal of Biliteracy) in a language that UMKC does not offer will be awarded retroactive credit for FRN-LNG 110, FRN-LNG 120, FRN-LNG 211 and FRN-LNG 221 once they have earned a grade of C or better in a 300- or 400-level course that is approved for the International Studies emphasis area (in the BA in Languages and Literatures).

Student Name: _____

Student ID Number: _____

This student has completed the following:

- Earned a Seal of Biliteracy as evidenced on an official high school transcript. (Note: the earned Seal must be noted on an official high school transcript on record with the Registrar's Office.)
    - A Seal of Biliteracy earned in a state other than Missouri may be accepted on a case-by-case basis. If a Seal of Biliteracy was earned outside of Missouri, please list what sate the Seal was earned in: _____
- Earned a C or better in the following qualifying course:

    _____
    Subject, Catalog Number, Term Taken (e.g. French 315, Fall 2022)

Due to the successful completion of the qualifications above this student can be awarded retroactive credit for the following courses:

Subject: _____   (e.g. FRN-LNG, FRENCH, GERMAN, etc.)

Check all that apply:

	110: Elementary Foreign Language I
	120: Elementary Foreign Language II
	211: Second Year Foreign Language I
	221: Second Year Foreign Language II

Note: If the student already has credit for one or more of the classes marked above, duplicate credit will not be added to the student's record.

Student Signature: _____   Date: _____

Approved by: _____   Date: _____
              World Languages & Cultures Dept. Representative

Registrar's Office Use Only:

Processed by: _____   Date: _____