

# **APPLICATION FOR UNDERGRADUATE CERTIFICATE PROGRAM IN HAITIAN STUDIES**

**PART A:** APPLICANT BASIC DATA (PLEASE PRINT OR TYPE)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Panther ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please print your name as you would like it to appear on the certificate)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phones: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellular\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mails: Preferred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIU \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:  Female  Male

**PART B:** ACADEMIC STATUS

Are you currently enrolled at FIU? What is your student status at FIU?

 Yes  No  Degree seeking student  Non-Degree seeking student

($30 non-refundable processing fee)

Major(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Minor(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Estimated Graduation Term:**  **Fall: \_\_\_\_\_\_\_\_**  **Spring: \_\_\_\_\_\_\_\_**  **Summer: \_\_\_\_\_\_\_\_**

**Year Year Year**

Which option will you choose to demonstrate foreign language proficiency?

 The proficiency exam administered by LACC

 Two-course Haitian Creole language sequence at FIU or other accredited college/university

**PART C:**  CERTIFICATION

 I certify that the information on this application is complete and accurate to the best of my knowledge and I agree to comply with all certificate requirements.

Print Name Signature Date

**PLEASE SEND OR DROP OFF COMPLETED APPLICATION TO:**

ACADEMIC PROGRAMS/ **Viroselie Caviedes, vcaviede@fiu.edu**

Kimberly Green Latin American and Caribbean Center

Florida International University

11200 SW 8th Street, DM 353

Modesto Maidique Campus (MMC)

Miami, FL 33199

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# **FOR OFFICIAL LACC USE ONLY**

The student’s academic credentials have been reviewed and the student is hereby:

 Accepted into the Certificate Program  Not accepted into the Certificate Program

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Authorized Name and Signature: Date: | | | | | | | |  |
| Academic Programs Director (please print name)    **(Courses completed - must be supported by academic transcript or equivalent)** | | | | | | |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | \_\_\_ |  |  |  |
| (Course 1 & Number) |  |  |  |  | (Semester & Year) |  |  | (Grade) |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| (Course 2 & Number) |  |  |  |  | (Semester & Year) |  |  | (Grade) |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| (Course 3 & Number) |  |  |  |  | (Semester & Year) |  |  | (Grade) |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| (Course 4 & Number) |  |  |  |  | (Semester & Year) |  |  | (Grade) |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| (Course 5 & Number) |  |  |  |  | (Semester & Year) |  |  | (Grade) |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Course 6 & Number) (Semester & Year) (Grade)