**Application For**

**undergraduate Certificate Program in Latin American and Caribbean 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

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

**\*Estimated Graduation Term: Fall: \_\_\_\_\_\_\_\_ Spring: \_\_\_\_\_\_\_\_ Summer: \_\_\_\_\_\_\_\_**

**Year Year Year**

Which language will you choose to meet the certificate’s foreign language proficiency requirement?

* Spanish
* French
* Portuguese
* Haitian Creole
* Dutch

Which option will you choose to demonstrate foreign language proficiency?

* The proficiency exam administered by LACC
* Two-course introductory language sequence at FIU or other accredited college/university

Please list language courses or official test scores :

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

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**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

Kimberly Green Latin American and Caribbean Center

Florida International University

11200 SW 8th Street

Modesto Maidique Campus (MMC)

SIPA II 300

Miami, FL 33199

Fax: (305) 348-3593

**For questions or concerns please contact the Academic Program Coordinator**

**Do not write on the space below**

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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)

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