FIU | **Kimberly Green
Latin American and
Caribbean Center**

APPLICATION FOR

GRADUATE 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: _____

_____

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

What is your major(s)? _____ ☐ Masters ☐ Doctoral

∗**Estimated Graduation Term:**   ☐ **Fall: _____**   ☐ **Spring: _____**   ☐ **Summer: _____**
                                      Year   **Year**   **Year**

Which language will you choose to meet the certificate's foreign language proficiency requirement?
  ☐ Spanish   ☐ Haitian Creole
  ☐ French   ☐ Dutch
  ☐ Portuguese

Which option will you choose to demonstrate foreign language proficiency?
  ☐ I will take the proficiency exam administered by LACC
  ☐ I will take (or have taken) a two-course introductory language sequence at FIU or other accredited
     college/university
     Please list language courses or test official scores (**you must provide official transcripts or official test scores**)
     _____
     _____

PART D: 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
Latin American and Caribbean Center
Florida International University
11200 SW 8th Street
Modesto Maidique Campus (MMC)
DM 353
Miami, FL 33199
Fax: (305) 348-3593

Do not write on the space below

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)