



**Latin American and Caribbean Studies
Application to Complete the Graduate Certificate**

Name (Last, First)

Department

UCID

Program Start Date (Quarter, Year)

Anticipated Program Completion Date (Quarter, Year)

1 FOUNDATIONAL COURSE IN LATIN AMERICAN & CARIBBEAN STUDIES

Course number + title:

1. _____

3 ADDITIONAL LACS COURSES

Course numbers + titles:

1. _____

2. _____

3. _____

LANGUAGE PROFICIENCY

Select one option to demonstrate proficiency.

____ **Practical Language Proficiency Assessment** administered by the Chicago Language Center. Please submit exam results to CLAS when available.

Language: _____ Date of exam: _____

____ **Course completion.** One UChicago course beyond the second-year level (above 20300) in a regional language.

* MAPH Two-Year Language Option students: completion of six courses through the second-year level also demonstrates proficiency; please attach a list of your language courses.

Course number + title:

1. _____

____ **Undergraduate degree from a post-secondary institution in which the language of instruction is Spanish, Portuguese, Haitian Kreyol, or relevant Indigenous language.**

Institution: _____

Year of graduation: _____

Language: _____

RESEARCH PROJECT/THESIS/DISSERTATION—TITLE AND BRIEF DESCRIPTION

Please provide the title (a working title is acceptable) and brief description of your project below (max 250 words).

WORKSHOP PARTICIPATION

Please detail workshop participation, including workshop(s) coordinated, and dates of presenter/discussant participation:

APPLICATION REVIEW (Administrative Use Only)

_____Approved _____Declined

Date:_____ Signature:_____

NOTES: