



Center for Latin American Studies

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LATIN AMERICAN & CARIBBEAN STUDIES GRADUATE CERTIFICATE/OPTION APPLICATION

Student Name:	
Student ID:	
Department:	
Program Start Date (Quarter, Year):	
Anticipated Program Completion Date (Quarter, Year):	

1 FOUNDATIONAL COURSE IN LATIN AMERICAN & CARIBBEAN STUDIES

Course number + title (or explanation of petition for students with extensive undergraduate coursework):

	Quarter	Course #/Title	Approved (initial/date)

3 ADDITIONAL LACS COURSES

	Quarter	Course #/Title	Approved (initial/date)
1.			
2.			
3.			

LANGUAGE PROFICIENCY

Select one option to demonstrate proficiency.

____ **Practical Language Proficiency Assessment** administered by the Chicago Language Center (exam results must be submitted to CLAS) or **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.

Quarter	Course #/Title/Exam & Results	Approved (initial/date)

____ **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 of Instruction:	

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 PRESENTATION

Title of Paper:	
Name of Workshop:	
Date of Presentation:	
Name of Faculty Evaluator:	

----DOCTORAL STUDENTS ONLY----

WORKSHOP PARTICIPATION

Name of Workshop:	
Quarters/Years of Regular Attendance	

Please also note additional types of workshop participation below (other than the presentation for which you are submitting an evaluation form).

Role (coordinator, presenter, discussant)	Name of Workshop	Date(s)

----INTERNAL USE ONLY----

NOTES

FINAL REVIEW & APPROVAL

_____ Ready for final review.
Student Affairs Coordinator initial/date: _____

_____ Approved _____ Declined

Program Adviser Signature: _____ Date: _____