ADVISING FORM: Undergraduate Certificate in Latin American Studies

Student Information

Name (Last, First, Midle) ___________________________ UFID# ___________________________

Current Address ___________________________________________ Phone ______________________

Permanent Address __________________________________________

UF E-mail: ___________________________ Alternate E-mail: ___________________________

Major(s): ___________________________ Minor(s): ___________________________

Anticipated Graduation: ______________________ New Freshman _____ Continuing Student _____

Course Plan

➢ Courses Taken for the Certificate

<table>
<thead>
<tr>
<th>Course No</th>
<th>Course Title</th>
<th>Grade</th>
<th>Credit</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAS 4935</td>
<td>___________________________</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
</tbody>
</table>

➢ 9 hours of courses with 100% Latin American Content2. Check box if outside major.

| | | | | |
| | | | | |
| | | | | |

➢ 9 hours of additional Latin American coursework3

| | | | |
| | | | |
| | | | |
| | | | |

➢ Language Requirement:

SPN 2240 ______ POR 3242/3 ______ HAI 2201 ______

Standardized Exam: ____________ Oral Exam: ______

Spanish Speaker ______ Native / Heritage
Portuguese Speaker ______ Native / Heritage
Haitian Creole Speaker ______ Native / Heritage
Other ______ Native / Heritage

---

1 LAS 4935 may be repeated up to 3 times if course content varies. Spanish (2000+), Portuguese (3000+), and Haitian Creole (2000+) courses may count toward the certificate if they are not used to meet the language requirement.

2 6 hours must be outside of Major.

3 May include courses taken for the major and up to 9 hours of courses with partial Latin American content.
Other Information

Career Plans and Academic Interests:______________________________________________________

Study Abroad Interest:____________________________________________________________________

How did you hear about the program? (Circle all that apply)

Class Visit   Friend/Classmate   CLAS Advisor   Flyer/Advertisement   Other____________

Meetings with the Undergraduate Advisor:

1. Date: __________  Advisor Initials: __________  Student Initials: __________
2. Date: __________  Advisor Initials: __________  Student Initials: __________
3. Date: __________  Advisor Initials: __________  Student Initials: __________
4. Date: __________  Advisor Initials: __________  Student Initials: __________
5. Date: __________  Advisor Initials: __________  Student Initials: __________

Other Comments: