Latin American and Caribbean Studies Program
Berry College

LCS CERTIFICATE PROGRAM APPLICATION FORM

Current Semester: _____ **Date:** _____

Student Name: _____ **ID #:** _____

Berry P. O. Box: _____ **Local Phone:** _____

Permanent Address: _____

_____

Permanent Phone: _____ **Email:** _____

Major(s)/Minor(s): _____

Major Advisor: _____

Expected Graduation Date: _____

REQUIREMENTS FOR THE CERTIFICATE		**SEMESTER ENROLLED**	**PASSED (Y/N)**
Course: LCS 300	Intro to Latin America and the Caribbean	_____	_____
Course: _____	_____	_____	_____
Course: _____	_____	_____	_____
Course: _____	_____	_____	_____

Language Proficiency Requirement completed: _____ (Y/N) How: _____

**** Students Please Note: You are required to meet with the Program Director each semester to update your records and discuss your progress toward the completion of the Certificate Program.**

I certify that this student has fulfilled all the requirements for the LCS Certificate.

_____ _____

LCS Director's Signature **Date**

Please complete the top portion of this form and return it to the LCS Program Director, Dr. Julee Tate (Box 5044 , jtate@berry.edu).