

**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:** \_\_\_\_\_

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

Language Proficiency Requirement completed: \_\_\_\_\_ (Y/N) How: \_\_\_\_\_

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**\*\* 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](mailto:jtate@berry.edu)).*