

133-143 John Hope Franklin Center
2204 Erwin Road, Box 90254
Durham, NC 27708

Phone: + 919.681.3983
Email: las@duke.edu

Graduate Certificate Application
(Graduate and Non-Graduate School Students)

- 1. _____
Last or Family Name (print) First Middle
- 2. Current Mailing Address: _____
and Street

City, State, Zip
- 3. Telephone number(s) at which you can be reached: Day (____) _____
Evening (____) _____
- 4. E-mail address: _____
- 5. Certificate program in which you would like to enroll: _G-LAS-C Latin American and Caribbean
Studies Certificate_
- 6. Desired year and term of enrollment in certificate program:
Year 20____; __Fall __Spring __Summer (check one)
- 7. School and department in which you are currently enrolled: _____
- 8. Are you a master’s or doctoral student? _____
- 9. Anticipated graduation date (month and year): _____
- 10. How do you want your name to appear on your certificate?

Students admitted to a graduate certificate program are subject to the general policies and procedures of the Graduate School. Your signature below indicates your understanding and acceptance of this.

Signature of Applicant

Students should return application to the coordinator of the certificate program in which you are applying to enroll. For CLACS that is Patrick Semmler, patrick.semmler@duke.edu

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For Office Use Only - Certificate Program Approval

Your signature below indicates your approval of this student to participate in the certificate program noted above. Return application to: Graduate Enrollment Services Office, Box 90065 Phone : 684-3913
FAX: 684-2277

Signature (certificate program coordinator)

Date