Duke UNIVERSITY | Center for LATIN AMERICAN & CARIBBEAN STUDIES

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): _____

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 Date

Students should return application to the coordinator of the certificate program in which you are applying to enroll. For CLACS that is Natalie Hartman, njh@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