OLLU OUR LADY OF THE LAKE UNIVERSITY

BILITERATE SPANISH-ENGLISH CERTIFICATE PROGRAM APPLICATION

Name: _____
Last First Middle Maiden

Student ID#: _____ Email Address: _____ Cell Phone: (___) _____

Major(s): _____ Minor(s): _____

Classification: ◯ Freshman ◯ Sophomore ◯ Junior ◯ Senior

Expected graduation date: _____

What exposure to the Spanish language have you had? Check all that apply

☐ None
☐ Speak or spoke Spanish at home with my family
☐ Translate or translated/interpreted for parents or grandparents
☐ Attended school in Spanish-speaking country (_____years)
☐ Took Spanish in high school in the USA (_____years)
☐ College course (__semesters) Please list below all courses taken as regular courses or credit received through CLEP, AP, or IB. If no regular College courses taken thus far, leave blank.

Date	Course number and title	College or University
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Other (please explain) _____

What are you hoping to gain from the Biliterate Spanish-English Certificate option? _____

_____

How did you hear about the Biliterate Certificate Program? _____

Student's signature: _____ Date: _____

For additional information, questions or to return application, contact:

Dr. Ezequiel Peña
Professor of Psychology and Director of the Biliterate Spanish-English Certificate Program
E-mail: epena@ollusa.edu

For use by Biliterate Certificate Director

Accepted: ☐ Yes ☐ No Date: _____ Signed: _____
Date: _____

Comments: _____

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