



BILITERATE 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
- 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.

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

Other (please explain) _____

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

How did you hear about the Biliterate Certificate Program? _____

Student's signature: _____ Date: _____

For use by Biliterate Certificate Office

Accepted: Yes No Date: _____ Signed: _____

Comments: _____

For additional information, contact:

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