



# Request for Certificate in Spanish Translation

Student Name  Student ID#  Email   
 Primary Address  Home Tel. #  Date of Completion

**Required Courses** (T = Transfer Course; no more than 40% may be transferred)  
*NB: Only ONE (1) substitution, including omnibus courses, may be made for a course required for a certificate and only if approved by the chair.*

T	Course Number and Title	Completion Date	Grade (C or better)
<input type="checkbox"/>	SPA 3140 Advanced Composition	Date <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	SPA 4010 Advanced Spanish Writing and Grammar I	Date <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	SPA 4020 Advanced Spanish Writing and Grammar II	Date <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	SPA 3650 Introduction to Spanish Translation I	Date <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	SPA 4050 Introduction to Translation II	Date <input type="text"/>	<input type="text"/>

*SUBSTITUTE COURSE (max. 1)*

T	Course Number and Title	Completion Date	Grade (C or better)
<input type="checkbox"/>	<input type="text"/>	Date <input type="text"/>	<input type="text"/>

**Any Additional Comments:**

**Certificate Program  
Plan Completion**  
 The signatures verify all  
 Certificate Program  
 requirements have been satisfied  
 as indicated above.

Form Revised: June 2014

\_\_\_\_\_  
 Student Signature Date

\_\_\_\_\_  
 Department Chair Signature Date

**Registrar's Use Only**

\_\_\_\_\_  
 Initials & Date Posted

\_\_\_\_\_  
 Dean or Associate Dean Date

\_\_\_\_\_  
 Assoc. VP, Academic Affairs or Designee Signature Date