

# Election of Major

## Spanish (36 hours)

2006-2007 Catalog

Name \_\_\_\_\_ I.D. Number \_\_\_\_\_

Planned Degree Completion Date: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

- ✓ One:  Teaching Major  
 Academic Major  
 Academic Major with Teacher Certification

**Required Courses**

**Hours**

Do not write in shaded area

<input type="checkbox"/>	SPAN 201	Intermediate Spanish	3.0
--------------------------	----------	----------------------	-----

<input type="checkbox"/>	SPAN 202	Intermediate Spanish	3.0
--------------------------	----------	----------------------	-----

Nine hours selected from the following:

(or electives in Spanish culture and civilization approved by Department of Modern Languages)

<input type="checkbox"/>	SPAN 301	Advanced Spanish	3.0
--------------------------	----------	------------------	-----

<input type="checkbox"/>	SPAN 302	Advanced Spanish	3.0
--------------------------	----------	------------------	-----

<input type="checkbox"/>	_____	_____	_____
--------------------------	-------	-------	-------

<input type="checkbox"/>	_____	_____	_____
--------------------------	-------	-------	-------

<input type="checkbox"/>	_____	_____	_____
--------------------------	-------	-------	-------

Nine hours in Spanish literature (at least one Latin American literature course must be taken by all students for major):

<input type="checkbox"/>	_____	_____	_____
--------------------------	-------	-------	-------

<input type="checkbox"/>	_____	_____	_____
--------------------------	-------	-------	-------

<input type="checkbox"/>	_____	_____	_____
--------------------------	-------	-------	-------

<input type="checkbox"/>	_____	_____	_____
--------------------------	-------	-------	-------

Twelve hours in electives in Spanish culture and civilization, Spanish literature, or advanced Spanish language skills:

<input type="checkbox"/>	_____	_____	_____
--------------------------	-------	-------	-------

<input type="checkbox"/>	_____	_____	_____
--------------------------	-------	-------	-------

<input type="checkbox"/>	_____	_____	_____
--------------------------	-------	-------	-------

<input type="checkbox"/>	_____	_____	_____
--------------------------	-------	-------	-------

<input type="checkbox"/>	_____	_____	_____
--------------------------	-------	-------	-------

<input type="checkbox"/>	_____	_____	_____
--------------------------	-------	-------	-------

W Course satisfied by:

<input type="checkbox"/>	_____	_____	_____
--------------------------	-------	-------	-------

Explain transfer, substitutions, or other irregularities:

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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

***I understand I have final responsibility for monitoring my graduation requirements.***

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

**Return this form to the Office of the Registrar**