

Election of Major

Spanish (36 hours)

2007-2008 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 style="background-color: #cccccc;" type="checkbox"/>	SPAN 201	Intermediate Spanish	3.0
<input style="background-color: #cccccc;" type="checkbox"/>	SPAN 202	Intermediate Spanish	3.0
Nine hours selected from the following:			
<small>(or electives in Spanish culture and civilization approved by Department of Modern Languages)</small>			
<input style="background-color: #cccccc;" type="checkbox"/>	SPAN 301	Advanced Spanish	3.0
<input style="background-color: #cccccc;" type="checkbox"/>	SPAN 302	Advanced Spanish	3.0
<input style="background-color: #cccccc;" type="checkbox"/>	_____	_____	_____
<input style="background-color: #cccccc;" type="checkbox"/>	_____	_____	_____
<input style="background-color: #cccccc;" type="checkbox"/>	_____	_____	_____

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

<input style="background-color: #cccccc;" type="checkbox"/>	_____	_____	_____
<input style="background-color: #cccccc;" type="checkbox"/>	_____	_____	_____
<input style="background-color: #cccccc;" type="checkbox"/>	_____	_____	_____

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

<input style="background-color: #cccccc;" type="checkbox"/>	_____	_____	_____
<input style="background-color: #cccccc;" type="checkbox"/>	_____	_____	_____
<input style="background-color: #cccccc;" type="checkbox"/>	_____	_____	_____
<input style="background-color: #cccccc;" type="checkbox"/>	_____	_____	_____

W Course satisfied by:

<input style="background-color: #cccccc;" type="checkbox"/>	_____	_____	_____
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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