

Election of Major Spanish

Health Professions Concentration (36 hours)

2020-2021 Catalog

Name _____ I.D. Number _____

Planned Degree Completion Date: Mo. _____ Yr. _____

Required Courses	Hours
<small>Do not write in shaded area</small> <input type="checkbox"/> SPAN 203 Professional Spanish	3.0
<input type="checkbox"/> SPAN 275 Spanish Practicum	3.0
<input type="checkbox"/> SPAN 312 Spanish for the Health Professions	3.0
<input type="checkbox"/> SPAN 325 Applied Spanish	3.0

Complete 2 courses from the following:

<input type="checkbox"/> SPAN 201 Communication and Culture	3.0
<input type="checkbox"/> SPAN 202 Cultures and Controversies	3.0
<input type="checkbox"/> SPAN 203 Professional Spanish	3.0

Nine hours of Study Abroad coursework approved by Department of Modern Language

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

Nine hours of electives from: SPAN 230, 301, 302, 310, 315, 320, 330, 333, 340, 403, 413, 380, 385, 480, 485

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