



# Undergraduate Medical Spanish Interpreter Certificate Application Form

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ FSU Student ID # \_\_\_\_\_  
Month Day Year

Name: \_\_\_\_\_  
Last, First M.I.

Local Address: \_\_\_\_\_  
Number, Street, City Zip

Permanent Address: \_\_\_\_\_  
Number, Street, City Zip

F.S.U. E-mail \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Academic Class: \_\_\_\_\_ ( check one ) Total Credit Hours \_\_\_\_\_  
Soph. Junior Senior

Major: \_\_\_\_\_ F.S.U. G.P.A. \_\_\_\_\_

Minor (if applicable): \_\_\_\_\_

F.S.U. Faculty References: (Please list two faculty members who are willing to provide references for you.)

- 1) \_\_\_\_\_  
Name Campus Phone:
- 2) \_\_\_\_\_  
Name Campus Phone:

**Check the following boxes to confirm:**

- I understand that this is a limited enrollment certificate program.
- I understand that admission is contingent upon an examination to confirm both English and Spanish language qualifications.
- I understand that admission and continued enrollment are contingent upon a minimum G.P.A.
- If admitted, I understand that I must complete a specified set of letter-graded courses, with no grades below "B-".
- I understand that in order to be eligible for the certificate I must complete a specified set of courses and a required practicum.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_