

GRADUATE DIPLOMA IN
LATIN AMERICAN & CARIBBEAN STUDIES
DIPLOMA CERTIFICATION FORM

I, the undersigned, am the CERLAC Diploma Supervisor for

Last name(s): _____ First name(s): _____

Student number: _____ Email: _____

I certify that the above-named student has satisfied all requirements for the CERLAC Diploma Program as described in the attached Program Completion Plan and Seminar Tracking Sheet.

<input type="checkbox"/> Program completed under new guidelines All students registered in the diploma program after July 2007 must follow the new guidelines.	<input type="checkbox"/> Program completed under former guidelines Students registered in the diploma program prior to July 2007 may follow the former guidelines.
<input type="checkbox"/> Language	<input type="checkbox"/> Language
<input type="checkbox"/> Experience/work in the region	<input type="checkbox"/> Experience/work in the region
<input type="checkbox"/> Two research papers and/or courses	<input type="checkbox"/> Two research papers
<input type="checkbox"/> Breadth requirement	<input type="checkbox"/> Breadth requirement
<input type="checkbox"/> Event attendance	

Supervisor's signature: _____

Date: _____

Supervisor's name: _____

Department: _____ Email: _____

Signatures of committee members: (if following the former guidelines)

Name: _____ Signature: _____

Name: _____ Signature: _____

Diploma Coordinator's signature: _____

Date: _____

Submit this form to CERLAC:
825 YRT. Phone: (416) 736-5237 Fax: (416) 736-5688 Email: cerlac@yorku.ca