Inter-American University of Puerto Rico
Arecibo Campus

LEARN "ESPAÑOL" SUMMER 2020 - Instructions for filling out the application

- Fill out the application directly in the PDF and save it.
- Print it for your counselor and you to sign in the corresponding fields.
- Scan and e-mail this form along with your photo before **March 20, 2020** to slopez@arecibo.inter.edu

Inter-American University of Puerto Rico
Arecibo Campus

LEARN "ESPAÑOL" SUMMER 2020 STUDENT APPLICATION

I. STUDENT PROFILE

NAME:

LAST NAMES	NAME,	INITIAL

EMAIL: _____

MOBILE #: ___ ( ) _____

BIRTH DATE: _____

ADDRESS:

UNIVERSITY OF ORIGIN: (NAME AND ADDRESS)

MAJOR: _____

ACADEMIC YEAR: _____

OVERALL GPA: _____

CREDITS APPROVED: _____

COUNSELOR'S NAME	COUNSELOR'S SIGNATURE

II. SPANISH LANGUAGE MASTERY

A. Indicate Spanish courses taken and describe briefly**:**

B. Have you had the opportunity to practice the Spanish language outside of the classroom? Explain.

C. How do you evaluate your knowledge of the Spanish language?

	Excellent	**Very Good**	**Fair**	**Poor**
Oral comprehension				
Verbal performance				
Reading performance				
Writing performance				

III. HEALTH:

Do you follow any medical treatment? If your answer is affirmative, please, specify it. (This information is confidential and would NOT be disclosed, except to the medical services office, if extremely necessary.)

IV. Write a brief essay describing the reasons why you are applying for the *Summer 2020 Program - Learn Español*, and explain how this would be helpful to you.

SIGNATURE **DATE**