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.**

**Program completed under new guidelines:** All students registered in the diploma program after July 2007 must follow the new guidelines.

[ ]  Language

[ ]  Experience / work in the region

[ ]  Two research papers or courses

[ ]  Breadth of knowledge requirement

[ ]  Event Attendance

**Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diploma Coordinator’s signature:**

Date:

Submit this form to CERLAC:

825 Kaneff Tower. Phone: (416) 736-5237 Email: cerlac@yorku.ca