Placedment form – SPN 1131 (DCE)

Full name:  
Telephone number:  
E-mail address:

I. BACKGROUND
1. What, if any, Spanish classes have you taken at UF? WHEN did you take these classes?

<table>
<thead>
<tr>
<th>COURSE</th>
<th>SEMESTER</th>
<th>INSTRUCTOR</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. How much, if any, high school Spanish have you taken?

<table>
<thead>
<tr>
<th>COURSE</th>
<th>YEAR TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Have you ever been in a situation (home, family, living abroad, etc.) in which you spoke Spanish on a regular basis? If so, please describe your experiences.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

II. PREREQUISITES

SPN 1131 is only for students who have taken SPN 1130!

Please check to indicate that you have met the following prerequisite to place you in this class:

_______SPN 1130 at UF (or the equivalent course at another college/university)

If you have taken Spanish in high school but are unprepared for 2000-level coursework you will need to enroll in SPN 1134, NOT this course.
You must have met the above requirements in order to remain in this class. If you do not meet these prerequisite requirements you need special permission to remain in this class. Additionally, all students requesting to take courses through Continuing Education must receive departmental approval.

You must arrange to meet with **Professor Antonio Gil, Administrative Coordinator of the Lower Division Spanish program (160 Dauer Hall)** and get his signature indicating you have been granted such permission.

I give this student permission to remain in SPN 1131 and to take the course through Continuing Education.

_________________________________________________
Antonio Gil
Administrative Assistant

**NOTE**: If the registrar discovers that you are enrolled in the course erroneously, and that you have not received permission, you will be dropped and will receive no credit for the course.

I have read the above information and certify that I have provided, to the best of my knowledge, accurate and truthful information.

_________________________  ___________  ___________  
Student name – printed  UFID #

_________________________  
Student signature

_________________________  
Date