Full name: ________________________
UFID #: ________________________
E-mail address: ________________________
Spanish major or minor? major minor maybe

I. BACKGROUND
1. How much, if any, high school Spanish have you taken?
   COURSE ________________________ YEAR TAKEN ________________________
   ________________________ ________________________

2. 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
Please check ☑ to indicate which of the following SPN1130 prerequisites you have met:

- NO prior Spanish experience at all
- WebCAPE score below 270
  What score did you receive on WebCAPE? ____________
- SAT2 score below 340
  What score did you receive on SAT2? ____________
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. 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 1130, regardless of having not met the necessary prerequisites.

_____________________________________
Antonio Gil
Administrative Coordinator

**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.

III. BILINGUAL SPEAKERS

Bilingual speakers are not eligible to take this course. There is a parallel track of courses designed specifically for the special needs of bilingual speakers. Bilingual speakers are those who have learned Spanish primarily through out-of-the-classroom experiences, such as interacting with family and/or friends, extended residence in a Spanish-speaking country, etc. If you or your instructor feel(s) that you might be considered a bilingual speaker and would be best served by enrolling in the bilingual sequence of courses, you will need special permission to stay in this class. Please speak to **Professor Susana Braylan, Director of the Bilingual Program (147 Dauer Hall)** and get her signature indicating you have been granted such permission.

I give this student permission to remain in SPN 1130. I have determined that s/he is not a bilingual speaker and that this course is the best suited for his/her needs.

_____________________________________
Susana Braylan
Bilingual Program Coordinator

**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  Student signature  Date