

# **LANGUAGE CERTIFICATE APPLICATION FOR CURRENT CUA GRADUATE STUDENTS**

**Department of Greek and Latin  
The Catholic University of America**

## **INSTRUCTIONS**

1. Please fill out the form completely, ensuring that you procure the signature of your academic adviser in your current CUA program in support of your application.
2. Please enclose the following supplemental materials:
  - A 500-word statement of purpose detailing your academic interests and goals, the sort of career you hope to pursue, and the reasons that have led you to apply for a language certificate.
  - A résumé or curriculum vitae.
  - A copy of your CUA transcript (an unofficial printout from Cardinal Station will suffice).
  - A statement of your previous level of attainment in Greek and/or Latin, including a list (with approximate page counts or percentages of a whole work) of any literature you have read in the original. Even if you have studied a language at the elementary level, or if you have background in self-study or in high school, please list it and describe it as precisely as you can, naming your textbook(s) if possible.

Please submit the full application packet, with all supplemental materials, to:

Certificate Program Applications  
Department of Greek and Latin  
308 McMahon Hall  
The Catholic University of America  
620 Michigan Ave NE  
Washington, DC 20064

If you have any questions, please contact the Department of Greek and Latin at 202-319-5216.

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Department of Greek and Latin  
The Catholic University of America

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ CUA student number: \_\_\_\_\_

E-mail address (for purposes of notification): \_\_\_\_\_

CUA program: \_\_\_\_\_ Date admitted: \_\_\_\_\_

Certificate desired (circle one):    Greek and Latin                  Greek                  Latin

*I hereby give the Department of Greek and Latin permission to consult my academic records, academic adviser, and program director/department chair at CUA for the purpose of reviewing this application.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*By my signature below, I indicate my awareness of and support of this student's application to a language certificate program.*

\_\_\_\_\_  
CUA Academic Adviser's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Department Contact

\_\_\_\_\_  
E-mail

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