



Coral Gables, Florida 33124

Application for Admission to the
Master of Arts in Latin American Studies
Please complete all pages of the application
to the best of your ability (PLEASE PRINT OR TYPE)
Attach non-refundable application fee of \$50.00
(Check or money order payable to the University of Miami)
THIS APPLICATION SHOULD BE FORWARDED DIRECTLY TO:
Latin American Studies Degree Programs
University of Miami
125 Memorial Building
Coral Gables, Florida 33124-2302

FOR OFFICE USE ONLY
Date Received \_\_\_\_\_
Fee Received \_\_\_\_\_
Temp. Permit \_\_\_\_\_

PERSONAL INFORMATION

[ ] Mr. [ ] Ms. Other Title: \_\_\_\_\_ U.S. Social Security Number: (if available) : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name:(As appears in Passport) \_\_\_\_\_
Last Name First Name Middle Other Names Used

Current Address: \_\_\_\_\_
Street and Number City State Zip Code

Permanent Address: \_\_\_\_\_
Street and Number City State Zip Code

Telephone: (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_
Area Code Number Area Code Number

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
Area Code Number

BIOGRAPHICAL INFORMATION

Date of Birth: \_\_\_\_\_ Native Language: \_\_\_\_\_
Month Day Year

Country of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Passport Number: \_\_\_\_\_

If you are not a US citizen, are you a permanent resident? No \_\_\_\_\_ Yes \_\_\_\_\_ Alien Registration Number: \_\_\_\_\_

If you are not a US citizen/permanent resident, please respond to the following:

In order to obtain F-1 or J-1 student status, I will need:
I-20 Form (F-1 student status)
DS 2019 Form (J-1 student status)
Keep in mind that individuals in tourist status may not engage in full-time studies in the United States.

EDUCATIONAL PLANS AND OBJECTIVES

Toward what graduate degree at the University of Miami do you intend to work? \_\_\_\_\_

What is your intended major: \_\_\_\_\_ Area of Concentration :(if applicable) \_\_\_\_\_

When do you wish to enter? [ ] Fall Semester (August) Year :20 \_\_\_\_\_ [ ] Spring Semester (January) Year :20 \_\_\_\_\_

[ ] 1st Summer Session (May) Year: 20 \_\_\_\_\_ [ ] 2nd Summer Session (June) Year :20 \_\_\_\_\_

Will you attend: (Primarily) [ ] Day Classes [ ] Evening Classes [ ] Full Time [ ] Part Time

ADDITIONAL INFORMATION

Examination Record: List standardized graduate tests and when they were/will be taken: \_\_\_\_\_

Have you ever attended the University of Miami? [ ] No [ ] Yes If yes, when: \_\_\_\_\_

Student Number: \_\_\_\_\_ Under what name: (if applicable) \_\_\_\_\_

Have you ever applied for admission to any of the University of Miami graduate programs? [ ] No [ ] Yes If yes, when: \_\_\_\_\_

On a separate sheet,

- (a) Indicate any languages which you can read competently; Indicate any languages which you can speak at an advanced level;
(b) Give citations for any original work or investigation you have done, listing title, date, and place of publication (if applicable), including any books or contributions to periodicals; and,
(c) Provide a Statement of Purpose. Please tell us about your goals and objectives in pursuing a graduate degree.

**ACADEMIC HISTORY**

Beginning with the most recent, list chronologically all colleges and universities attended, dates of attendance, major subject(s), and degree(s) received or expected, even if for one course. **No action on this application will be taken until official transcripts of all academic work are received.** You should immediately request that the registrar of each and every institution attended send official transcripts to the department to which you are applying.

	College or University	Location	Month and Year of Attendance
A.	_____	_____	_____ , _____ to _____ , _____
	Major(s) _____		Degree(s) _____
B.	_____	_____	_____ , _____ to _____ , _____
	Major(s) _____		Degree(s) _____
C.	_____	_____	_____ , _____ to _____ , _____
	Major(s) _____		Degree(s) _____

If necessary, continue on a separate sheet. What was your undergraduate Grade Point Average (GPA)? \_\_\_\_\_

List all courses (titles and credits) in which you are currently enrolled or which you will complete before the date of admission: \_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDATION AND PROFESSIONAL INFORMATION**

List the names and titles of individuals who will be sending letters of recommendation on your behalf.

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

Indicate briefly your honors, academic or professional awards, fellowships, memberships and major activities. List history of your employment.

\_\_\_\_\_

Name and address of current employer or firm: \_\_\_\_\_

Title and nature of position: \_\_\_\_\_

Please indicate level of proficiency and type of computer skill(s): \_\_\_\_\_

\_\_\_\_\_

**OPTIONAL INFORMATION**

*The following information is intended for use solely in connection with its voluntary or remedial efforts, is provided on a voluntary basis, will be kept confidential, will be used only in accordance with this provision, and refusal to provide this information will not subject the applicant to any adverse treatment.*

How would you describe yourself? Please check one:

- Native American, Eskimo, or Aleut
- Black or African-American
- White, Caucasian, Non-Hispanic
- Asian or Pacific Islander

If Hispanic, please indicate:

- Cuban or Cuban-American
- Mexican/Chicano
- Latin American, Central or South American
- Puerto Rican
- Other: \_\_\_\_\_

**CERTIFICATION OF ACCURACY AND TRUTH**

I affirm that the information which I have provided on this application form, and any additional material that I submit related to the admission process, is complete, accurate, and true to the best of my knowledge. I authorize each school or college I have attended to release academic and personal information, as related to this admission application, upon request by the University of Miami. I agree to submit other materials which are required for this admission application. I further understand that my admission and subsequent registration may be cancelled if information is found to be false or intentionally omitted. In applying, I agree, if accepted, to familiarize myself with the rules and regulations of the University of Miami and the Graduate School, and to abide by them. If I enroll, I agree to abide by the University of Miami Graduate Student Honor Code, a document that prohibits dishonesty in all academic work.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_