

**Culminating Experience 500**  
Department of Foreign Languages  
California State University, Sacramento

Name \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_ Language \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Course Number 500

Social Security Number \_\_\_\_\_ Number of Units \_\_\_\_\_  
Span (3-4 units); Fren (1-4 units)

**Campus ID #** \_\_\_\_\_  
(You may find your number on My Sac State, click on Sac State ID.)

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Summer MA Candidates: Units paid in Travel Program to \_\_\_\_\_ Year \_\_\_\_\_  
Country

**Description of Course Content**

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(Use reverse if more space is required)

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Note: Sponsor, Approve only for unit value as offered by Department.)

Department Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions to Student:**  
**Signed, completed form due by February 19, 2010**  
**to Department of Foreign Languages, Mariposa 2051.**