

**Center for Latin American Studies**  
**Research Topic Course Form (LATAM 797)**  
**Semester \_\_\_\_\_**

**Dear Student,**

Please fill out and return this form to the Center for Latin American Studies at SDSU within two weeks of start of classes. Have your instructor and LAS advisor sign it.

LATAM 797 Schedule Number \_\_\_\_\_ Add Code (if applicable) \_\_\_\_\_

**I. Personal Information**

Student's name \_\_\_\_\_

RED ID Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**II. Instructor's Information**

Instructor's Name \_\_\_\_\_

RED ID Number \_\_\_\_\_

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

**III. Description of your Topic**

Briefly describe topic, amount of time expected to devote to this project, and mode of investigation or reporting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Chair of CLAS Date

\_\_\_\_\_  
Signature of Instructor Date

For administrative use only:

Final Grade _____ Date _____ by _____
Comments: _____
_____