

Center for Latin American Studies
Special Studies Form (LATAM 498 and LATAM 798)
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 798 ~ Schedule Number _____ Add Code (if applicable) _____
LATAM 499 ~ 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 address _____

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: _____
