



Center for Latin American Studies
College of Arts & Letters

LATAM 499/798: Special Studies Form

Schedule Number: _____ Add Code: _____

I. Personal Information

Name: _____ Red ID: _____

Address: _____

Phone: _____ Email: _____

II. Instructor's Information

Name: _____ Red ID: _____

Phone: _____ Email: _____

III. Description of your Topic

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

Signature of Chair of CLAS

Date

Signature of Instructor

Date

For administrative use only:

Final Grade: _____	Date: _____	By: _____
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