

**Latin American Content Approval
For Graduate Course**
(Must be submitted for courses not cross listed with LAS)

Name: _____

EID: _____

Cell: _____ **Email:** _____

Course Number: _____

Unique Number: _____

Course Title: _____

Semester/ Year: _____

Professor: _____

The above named student has discussed the possibility of counting this course toward his/her degree in Latin American Studies. The student's research will focus on a Latin American topic.

Professor's Signature: _____

** Please return this form to Perla Miranda, LLILAS Graduate Office, SRH 1.301 (Mail Code D0800)