

Graduate Portfolio Program in Mexican American Studies  
Application and Records Form (revised 4/11)

Name: \_\_\_\_\_ Date: \_\_\_\_\_ MA or PhD (circle degree-level)  
 EID: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Local Phone: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Perm. Phone: \_\_\_\_\_  
 Department/Program: \_\_\_\_\_ GPA: \_\_\_\_\_ Graduate Advisor in Home Department: \_\_\_\_\_  
 Semester and Year Entered Graduate Program: \_\_\_\_\_ Thesis/Report/Dissertation Advisor: \_\_\_\_\_  
 Anticipated Date of Graduation: \_\_\_\_\_ Have you filed for Doctoral Candidacy? Yes  No  Not Applicable

**\*\*Please return this form with the top portion filled out. Attach a 1-page essay describing the importance of the Graduate Portfolio in Mexican American Studies to your intellectual and professional goals.\*\***

Courses Proposed to Fulfill Portfolio Requirements (This section may be completed after you begin your graduate program and have been accepted into the portfolio program. Master's students must complete 9 credit hours; doctoral students must complete 12 credit hours. For all students one course must be taken outside of your home department. All courses must be taken for a letter grade. Contact the Graduate Program Coordinator for updated course options).

| <u>Course#</u> | <u>Semester/Year</u> | <u>Course Title</u> | <u>Professor</u> | <u>Grade</u> |
|----------------|----------------------|---------------------|------------------|--------------|
|                |                      |                     |                  |              |
|                |                      |                     |                  |              |
|                |                      |                     |                  |              |

Date *plática* was presented: \_\_\_\_\_ Title of *plática*: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by CMAS Program Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by CMAS Graduate Adviser: \_\_\_\_\_ Date: \_\_\_\_\_

Certification of Portfolio Completion (by Director): \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:    Active    Inactive    Graduated**