## **Latinx and Latin American Studies**

## **Graduate Certificate Application**

Contact Information					
Student ID:					
Full Name:				Date:	
	Last	First	N	1.I.	
Address:	Street Address				Apartment/Unit #
	Street Address				<i>АрантепиОт</i> и #
	City			State	ZIP Code
Phone:			Email		
		Academi	c Interests		
Primary Fie	ld of Study (Professiona	l School or Departme	ent)		
What are y	our particular interests in	Latinx and Latin Am	erican studies (e.g	g. history, gend	er, migration, race, etc.)
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Why would	you like to pursue a Gra	iduate Certificate in L	atinx and Latin Ar	nerican Studies	5?

## **Proposed Course of Study**

Please provide a tentative list of the courses you plan to take in order to fulfill requirements for the Latinx and Latin American Studies Certificate. Please see our website for a list of requirements. Any course substitutions must be approved in advanced by the Director of the Latinx and Latin American Studies Center.

Course	Number of Units				
Total Number of Units (16 min)					
Signatures					
Advisor Name:	Titlo				
name:	Title:				
Advisor	Data				
Signature:	Date:				
Student					
Signature:	Date:				
Please return this form to latinx@usc.edu					
Review					
Application reviewed and accepted? □Yes □No					
Center					
Director Signature:	Date:				