Petition to Enroll in the Latin American and Latino Studies Designated Emphasis

Complete this checklist and return it to the LALS Graduate Program Coordinator to enroll in the Designated Emphasis.

Name: ___________________________  Email: ___________________________

Major Department: ________________  Major Advisor: ______________________

Dissertation Title/Topic: ________________________________________________

________________________________________________________________________

Please fill in the following sections:

1. **Major Department:** Discuss with your primary faculty advisor and the graduate program coordinator/advisor your intention to enroll in the LALS Designated Emphasis (DE). Your home department will be notified of your enrollment in the LALS DE.

2. **Advisor:** An LALS faculty member (either core, participating, or affiliated) is required to act as your DE Faculty Advisor. They will serve on your qualifying examination committee, and/or on your dissertation reading committee, and will review your coursework plan below.

   **LALS Advisor Name & Committee** (QE and/or Reading): __________________________

3. **Course Plan:** You must complete five graduate level courses; LALS 200, one LALS course taught by a core faculty member, and three from any UCSC department, taught by core, participating or affiliated faculty. Please list course title, number, instructor, and quarter/year to be taken:
   - LALS 200: __________________________________________
   - Course 2: __________________________________________
   - Course 3: __________________________________________
   - Course 4: __________________________________________
   - Course 5: __________________________________________

   **Signatures:**
   By signing this form, you agree to participate in the Designated Emphasis for Latin American and Latino Studies, and ensure your catalog rights by the date signed.

   ___________________________  ___________________________
   Student Signature  Date

   **LALS DE Advisor’s Signature:** By signing below, the faculty member has agreed to act as your DE advisor, to participate in your committees, and has reviewed your coursework plan.

   ___________________________  ___________________________
   LALS Advisor Signature  Date