

UNIVERSITY OF CALIFORNIA, SANTA CRUZ

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SANTA BARBARA • SANTA CRUZ

LATIN AMERICAN AND LATINO STUDIES
Merrill 32, MERRILL COLLEGE
TEL. (831) 459-4284
FAX (831) 459-3125

SANTA CRUZ, CALIFORNIA 95064

PETITION FOR SENIOR PROJECT (USE ADDITIONAL PAGES AS NECESSARY)

NAME _____

STUDENT I.D. _____

ANTICIPATED GRADUATION _____

FACULTY ADVISOR _____

PROJECT PROPOSAL/ABSTRACT

TIMELINE FOR COMPLETION OF PROJECT _____

QUARTERS OF INDEPENDENT STUDY NEEDED FOR COMPLETION:

SUMMER _____ FALL _____ WINTER _____ SPRING _____

STUDENT SIGNATURE _____

APPROVED (FACULTY SPONSOR SIGNATURE) _____

APPROVED (LALS CHAIR OR DESIGNEE) _____