

**CLS 894 Field Work Agreement Form**

Chicano/Latino Studies Program

Semester:  Year:  Date of Signature:

Name:  PID:

Complete local address:

Phone:  e-mail address:

Committee Chair:

Description of the field work project:  Number of Credits

**Work to be completed:**

Signature of Professor Directing Project: \_\_\_\_\_

Name of Project Director:

Campus Address:  E-mail:

Department:

Signature of Committee Chair: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

**Project Agreement forms MUST be filed PRIOR to registration.**

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For CLS office use only  
Instructor of Record \_\_\_\_\_

Section Number \_\_\_\_\_

Date assigned: \_\_\_\_\_  
Version 1.1