Chicano/Latino Studies Program
MICHIGAN STATE UNIVERSITY

REQUEST FOR ENROLLMENT IN CLS 999 DISSERTATION CREDITS

PART 1 – This section to be completed and signed by student and advisor.

Student Name_____ APID_____

MSU Student Email _____

Advisor_____

Semester and Year Admitted to Program _____

Total credits completed (excluding 999s) _____ Total 999_____

GPA_____ Date Passed Comps_____

Semester and year you intend to successfully defend and submit your dissertation to the Graduate School: _____

Semester/year requesting 999 credits_____ Number of 999 Credits Requesting_____

Reason for enrolling in CLS 999:

_____ _____
Signature of Student Date

Advisor, please certify that the above student is making satisfactory progress towards PhD degree.

_____ _____
Signature of Advisor Date

Part 2 – This section to be approved by the CLS Office, Associate Dean/Dean, and the Graduate School.

Recommendation:

☐ **Approve enrollment of 999 credits**
☐ **Refuse enrollment of 999 credits**

_____ _____
Signature, Graduate Program Director/Date Signature, Program Director/Date

_____ _____
Signature, Association Dean/Dean CSS/Date Signature, Graduate School/Date