



Chicano/Latino Studies Program
MICHIGAN STATE UNIVERSITY

CLS 894 Fieldwork Agreement Form

Name _____ APID _____

Semester _____ Year _____ Student Email _____

Faculty Supervising Project _____ Faculty Member's Department _____

Description of the Project

Work to be Completed

Student Signature: _____ Date: _____

Signature of Supervising Faculty Member: _____ Date: _____

Committee Chair Signature: _____ Date: _____

Agreement forms MUST be filed PRIOR to registration.