



Chicano/Latino Studies Program  
MICHIGAN STATE UNIVERSITY

**PhD Area of Specialization Research Methods Course Approval Form**

Student Name \_\_\_\_\_ APID \_\_\_\_\_

Dual Major    Yes    No    Primary Department \_\_\_\_\_

Methods Course Number \_\_\_\_\_

Methods Course Title \_\_\_\_\_

Please briefly describe the rationale for the student taking this course.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guidance Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

Signature of CLS Graduate Program Director \_\_\_\_\_ Date \_\_\_\_\_