



Chicano/Latino Studies Program
MICHIGAN STATE UNIVERSITY

CLS 490 Independent Study Agreement

Name _____ APID _____

Semester _____ Year _____ Student Email _____

Supervising Faculty _____ Date _____

Faculty Member's Department _____

Estimated contact hours per week with instructor: _____

Description of the Project (Subject matter, purpose, methods)

Work to be Completed

Evaluation procedure:

Deadline for submitting work for final evaluation _____

Student Signature: _____ Date: _____

Signature of Supervising Faculty Member: _____ Date: _____

CLS Director Signature: _____ Date: _____