



Chicano/Latino Studies Program  
**MICHIGAN STATE UNIVERSITY**

**CLS 893E Course 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.