

**CERTIFICATION OF COMPLETION OF THE
GRADUATE CERTIFICATE IN CHICANO/LATINO STUDIES**

This is to certify that the student indicated below has successfully completed all requirements for the Graduate Certificate in Chicano/Latino Studies which total 12 credits.

Student Name _____ APID _____

CLS 810 _____ Grade _____
(year and semester)

CLS 811 _____ Grade _____
(year and semester)

CLS 896 _____ Grade _____
(year and semester)



Approved class outside of CLS _____
(year and semester)

**College of Social
Science**

**Chicano/Latino
Studies Program**

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Director, Chicano/Latino Studies Program _____
Date

Associate Dean, College of Social Science _____
Date