

GRADUATE DIPLOMA IN
LATIN AMERICAN & CARIBBEAN STUDIES
SUPERVISORY FORM

Last name(s): _____ First name(s): _____

Student number: _____ Email: _____

I agree to be the above-named student's CERLAC Diploma Supervisor and to ensure that the student will meet the Program's requirements.

Supervisor's signature: _____

Date: _____

Supervisor's name: _____

Department: _____ Email: _____

NOTE: For students registered in the Program prior to July 2007 who choose to follow the former guidelines, a three-person committee must certify that the student has met the Program's requirements.

I agree to be on the above-named student's CERLAC Advisory Committee and to ensure that the student will meet the Program's requirements.

Name: _____ Signature: _____

Department: _____ Email: _____

Name: _____ Signature: _____

Department: _____ Email: _____

Diploma Coordinator's signature: _____

Date: _____

Submit this form to CERLAC:
825 YRT. Phone: (416) 736-5237 Fax: (416) 736-5688 Email: cerlac@yorku.ca