



Cornell University

Latin American Studies Program

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Latin American Studies
Graduate Student
Concentration

Name _____ CU ID# _____ Today's Date _____

Birthdate _____ Citizenship _____ Email _____

Local Home Address _____

Current Phone _____

Permanent Address (or where can we contact you after graduation) _____

Permanent Phone _____

Date Entered Cornell _____ Anticipated Graduation Date _____ Degree Sought _____

Anticipated Date of: Qualifying Exam _____ A Exam _____ B Exam _____

Department _____ Committee Chair _____

Research Topic & Country Interest _____

Language(s) of Study (Please list all) _____

Career Objective (please check one or more):

___ Educational Institution Postsecondary

___ Private Sector Non Profit

___ Educational Institution Elementary & Secondary

___ Private Sector For Profit

___ Federal, State, or Local Government
(excluding educational institutions)

___ Other (please specify)

Date departed for field _____ Support for Field Research _____

Field work _____

Thesis/Dissertation Working Title _____

Employer if departing Cornell _____

Publications (attach extra sheet if necessary) _____

Please return completed form to Latin American Studies Program, 190 Uris Hall, Ithaca, NY 14853

