

**University of Louisville
Graduate School
Application for Enrollment in
LAS 681 Latin American Studies Graduate Internship**

Please Print

Last Name First Name Middle Initial UofL Student ID Number

Local Street Address U of L Email Address

City, State, Zip Phone (home/work)

Permanent Street Address

City, State, Zip

Registration Information

Year/Term: _____ Credit Hours: _____ LAS 681 01
Dept Code Course Section

Course Title (This title will appear on the student's transcript. Limit of 24 total spaces)

LAS Graduate Internship _____

Internship Site Site Supervisor

Project Plan (Course Objectives):

(Print) Faculty Advisor (Print) Name of Site Supervisor

Faculty Advisor's Signature Date Site Supervisor's Signature Date

Signature, Director of Latin American Studies Date

