



**Latin American and Latino Studies Program**  
Declaration for the LALS Major/Minor

Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

E-mail: \_\_\_\_\_ Local Phone/Cell: \_\_\_\_\_

Are you declaring a Major or a Minor? (*Circle one*) Date: \_\_\_\_\_

*Below please list all the Latin American/Latino content courses you have taken and plan to count towards the Major or Minor. Majors need to fill out Part A and Part B of this sheet; Minors need only to fill out Part B. For a detailed list of suggested courses, refer to the LALS brochure or go to our program's webpage (<http://www.sas.upenn.edu/lals/>).*

**PART A**

CORE CLUSTER REQUIREMENT – 3 C.U.

|              | <i>Course Number</i> | <i>Title</i> | <i>Instructor</i> | <i>Course taken abroad?<br/>(check if applicable)</i> |
|--------------|----------------------|--------------|-------------------|---|
| Soc. Science | _____                | _____        | _____             | _____   |
| History      | _____                | _____        | _____             | _____   |
| Criticism    | _____                | _____        | _____             | _____   |

REGIONAL EXPERIENCE PRIOR TO 1820 – 2 C.U.

| <i>Course Number</i> | <i>Title</i> | <i>Instructor</i> | <i>Course taken abroad?<br/>(check if applicable)</i> |
|----------------------|--------------|-------------------|---|
| _____                | _____        | _____             | _____   |
| _____                | _____        | _____             | _____   |

EXPERIENCES IN THE LATINO DIASPORA – 1 C.U.

| <i>Course Number</i> | <i>Title</i> | <i>Instructor</i> | <i>Course taken abroad?<br/>(check if applicable)</i> |
|----------------------|--------------|-------------------|---|
| _____                | _____        | _____             | _____   |

RESEARCH REQUIREMENT – LALS 399 OR APPROVED ALTERNATIVE

Title \_\_\_\_\_ Instructor \_\_\_\_\_

**PART B**

ELECTIVES – 6 C.U.

| <i>Course Number</i> | <i>Title</i> | <i>Instructor</i> | <i>Course taken abroad?<br/>(check if applicable)</i> |
|----------------------|--------------|-------------------|---|
| _____                | _____        | _____             | _____   |
| _____                | _____        | _____             | _____   |
| _____                | _____        | _____             | _____   |
| _____                | _____        | _____             | _____   |
| _____                | _____        | _____             | _____   |
| _____                | _____        | _____             | _____   |

*Please return this form to the LALS office, 374 Claudia Cohen Hall, 249 S. 36th Street, Philadelphia, PA 19104-6304. Contact: [lals@sas.upenn.edu](mailto:lals@sas.upenn.edu).*