

University of California, Irvine

Declaration of a Minor in Chicano/Latino Studies

Please print. Complete this form and submit to the office of the Department of Chicano/Latino Studies, SST 407.

Student Name:

Last	First	Middle
------	-------	--------

Student ID #: _____ **Email Address:** _____

Telephone Number: _____

Student Level: (check one) Freshman___ Sophomore___
Junior___ Senior___

Local Mailing Address:

Street	City	Zip Code
--------	------	----------

Permanent Address:

Street	City	Zip Code
--------	------	----------

Major: _____

Expected Date of Graduation: _____
(Quarter, Year)