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:

**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 Kaneff Tower. Phone: (416) 736-5237 Email: [cerlac@yorku.ca](mailto:cerlac@yorku.ca)