

CALIFORNIA STATE UNIVERSITY, LOS ANGELES
PROGRAM FOR THE MASTER OF ARTS DEGREE IN SPANISH
EMPHASIS _____

Name _____ Student C.I.N. _____
Last First Middle Student S.I.D. _____

Address _____
Street City Zip Code

Phone _____
Home Cell Work Email

Graduate of _____ Date: _____ Major: _____ Degree: _____

GPA in last 90 quarter units: _____ Date of admission to Conditional Graduate Standing: _____
Quarter Year

SPECIAL CONDITIONS:

- 1 Qualifying courses to be completed with a B (3.0) grade point average or higher: _____
- 2 Pre-requisites to be completed: _____
- 3 Co-requisites to be completed: _____

A. REQUIRED COURSES (32 units)

Course	Short Title	Units	Grade	Qtr Completed	Transferred From	Comments
SPAN 500	Academic Writing in Spanish	4				
SPAN 501	Development of Spanish Language	4				
SPAN 504	Studies in Medieval Literature	4				
SPAN 507	Literary Theory	4				
SPAN 510	Sociolinguistic Patterns in Spanish	4				
SPAN 540	Seminar: Contemp. Span. Poetry	4				
SPAN 545	Seminar: Cont. Span.-Amer. Poetry	4				
SPAN 583	Contemporary Hispanic Prose	4				

B. ELECTIVES IN SPANISH (16 units)

	Units	Grade	Qtr Completed	Transferred From	Comments
1					Recommended by Adviser: SPAN 402, 414, 417, 418, 419, 421, 424, 426, 428, 429, 431, 435, 440, 460, 461, 472, 475, 483, 485, 499, 506, 575, 583, 598, (598 is for 2-4 units)
2					
3					
4					
5					

C. ELECTIVES IN RELATED FIELD (0-8 units)*

	Units	Grade	Qtr Completed	Transferred From	Comments
1					
2					

D. WPE (UNIV 400) PASSED:

Qtr: _____

Yr: _____

Candidate must provide verification.

E. 1 year (12 quarter units) of the first-year college level language studies other than English and the target language. This is required for Candidacy, and can be taken concurrently with courses on the program. Completed: _____

F. SPAN 596 Comprehensive Examination | **0** | **PASSED:** _____ | **QTR:** _____ | **YEAR:** _____

*In extraordinary circumstance, and with approval of Graduate Adviser.

TOTAL UNITS: 48 (Minimum: 48)

CHANGES TO THE M.A. PROGRAM REQUIRE SUBMISSION OF GS-5 FORM AND DEPARTMENTAL AND SCHOOL APPROVAL. APPROVAL MUST BE OBTAINED PRIOR TO COMPLETION OF SUBSTITUTED COURSE(S).

SIGNATURES:

Applicant: _____ Date: _____ Classified Standing: _____
Adviser: _____ Date: _____ Candidacy: _____
Dept. Chair: _____ Date: _____