California State University San Marcos

Department of Modern Language Studies

Master of Arts in Spanish

Declaration of Intent: OPTION EXAM

Candidate’s Name

Student ID Number

Option:

Emphasis:

I hereby declare that I intend to take my Master of Arts in Spanish Option Exam based on the officially approved Reading List attached in order to complete my Culminating Experience for this degree. I understand that if I do not pass this exam, I only have a second opportunity to re-take it. I declare that I intend to start this project in:

FALL of (year) __________ the SPRING of (year) __________.

The Faculty Committee member’s approval:

(Name of Chair of Committee) (Area) (Signature)

(Name of 2nd Faculty Member) (Area) (Signature)

(Name of 3rd Faculty Member) (Area) (Signature)

Student’s Signature: ___________________________ Date: __________

Graduate Coordinator’s Signature: ___________________________ Date: __________
California State University San Marcos

Department of Modern Language Studies

Master of Arts in Spanish

Declaration of Intent: OPTION PAPER

Candidate’s Name ____________________________________________________________

Student ID Number __________________________________________________________

Option: _____________________________________________________________________

Topic: _____________________________________________________________________

I hereby declare that I intend to take my Master of Arts in Spanish Option Paper in order to complete my Culminating Experience for this degree. I understand that I have a maximum of two (2) semesters to finish this research paper. I declare that I intend to start this project in:

FALL of (year) ___________ the SPRING of (year) ___________.

The Faculty Committee member’s approval:

(Name of Chair of Committee) (Area) (Signature)

(Name of 2nd Faculty Member) (Area) (Signature)

(Name of 3rd Faculty Member) (Area) (Signature)

Student’s Signature: ___________________________ Date: __________

Graduate Coordinator’s Signature: ___________________________ Date: __________