

CERTIFICATE PROGRAM IN AFRICAN STUDIES APPLICATION



I. Personal Background:

Name _____ School/Year _____
Local Address _____ Phone (Local) _____
_____ Phone (Home) _____
Email Address _____ Home Address _____

II. Academic Background:

Major _____ Minor _____
Language(s) _____

III. Certificate Requirements:

A. Required Courses

- History of Africa I or II
 - Peoples and Cultures of Africa
 - African Politics and Government
 - African Studies Thesis Colloquium*
 - OR African Studies Capstone*
- * offered senior year

B. Language Requirement

- Proficiency in French, Portuguese
Arabic or Spanish or
- One Year/Proficiency in an
African language (Swahili, Wolof, etc)

Advisor _____ Department _____

Stay in Africa? (Not required)

(Place) _____
(Dates) _____
Courses/Programs) _____

C. Two Electives:

Date Certificate Granted _____

