

Institute for African American Studies Graduate Certificate Application

Date: _____

Name: _____

810#: _____

Email: _____ Phone: _____

Local Address: _____

Permanent Address: _____

Degree Program: _____

Matriculation Date: _____ Expected Graduation Date: _____

African American Studies Graduate Certificate

Name and Course Number	Completion Date	Grade
AFAM 7500		
AFAM7770		

Preliminary program of study (changes to program of study must be approved by IAAS and final program of study must be submitted during the semester prior to graduation)

Signature, Director /Associate Director IAAS

Date

Signature, Applicant's Graduate Program Director

Date