## EUROPEAN UNION STUDIES CERTIFICATE PROGRAM APPLICATION

Last				First				MI
Student ID Number			Home Institution					
Gender:	Female	Date of Birth	Month	Day	Year		Academic Major	
		C	Contact Ir	nformatio	n			
Current Mailing Address								
Telephone			E-	-Mail				
Home Mailing Address	Area Code							
Home Mailing Address	Code							
Home Mailing Address	Code			equireme				
Address	Code	En Semes	trance Ro	equireme Institutio	nts on	Grade	Instructor	
Home Mailing Address  World Hist/Western Civ/C	Code	En Semes	trance Ro	equireme	nts on	Grade		
Address  World Hist/Western Civ/ Introduction to the EU  Entrance GPA:	Code	En Semes	trance Ro	equireme Institutio	nts on	<u>Grade</u>		

Certificate	Course Requireme	nts	
	<u>Semester</u>	/YR Grade	<u>Discipline</u>
Course Title & Number			
Course Title & Number			
Course Title & Number			
Capstone Seminar Title		<del></del>	
Prog	ram Distinctions		
Practicum Experience     Type of Experience:			
Location:		Dates:	
Grade:			
Experience Approval:			
Campus Re	epresentative	Date	
2. Foreign Language  Foreign Language:			
Language Approval:			
Language Approval: Campus Re	presentative	Date	
Courses Completed:	Tumber	Grade	Semester/YR
Title and N	umber	Grade	Semester/ Y K
Title and N	umber	Grade	Semester/YR
3. Thesis Thesis Title:			
	Director	_	
Д	Director		
Member		Member	<u></u>
Date Topic Approved:			
Date of Oral Defense:	Thesis G	rade:	_
Prog	ram Completion		
Overall GPA in Certificate Courses:			
Program Requirements Fulfilled:Signatu	an of Comment		
Signatu	re of Campus Repres	sentative	
Date Certificate Awarded:	Institution:		