

**African & African Diaspora Studies
GRADUATE CERTIFICATE PROGRAM APPLICATION**

Name _____ Panther ID # _____

Mailing Address _____
(Street)

(City) (State) (Zip Code)

Degree Major: _____ Degree Minor: _____

Expected date of graduation: _____ E-mail: _____

Telephone Number (____) _____ Cellular phone (____) _____

Signature _____ **Date** _____

TO BE COMPLETED BY STAFF

Required Course:

AFA 5005	African and African Diaspora Studies Theory	_____	_____
		(Semester & Year)	(Grade)

Approved Electives:

Social Sciences Requirement (3-9 credits)

_____	_____	_____	_____
(Course)	(Approved by)	(Semester & Year)	(Grade)

_____	_____	_____	_____
(Course)	(Approved by)	(Semester & Year)	(Grade)

_____	_____	_____	_____
(Course)	(Approved by)	(Semester & Year)	(Grade)

Humanities Requirement (3-9 credits)

_____	_____	_____	_____
(Course)	(Approved by)	(Semester & Year)	(Grade)

_____	_____	_____	_____
(Course)	(Approved by)	(Semester & Year)	(Grade)

_____	_____	_____	_____
(Course)	(Approved by)	(Semester & Year)	(Grade)

**Return to: African & African Diaspora Studies
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Tel: (305) 348 6860 Fax: 305-348-3270
Email: Africana@fiu.edu**