

INTERNATIONAL CULTURAL STUDIES CERTIFICATE PROGRAM

PROGRESS CHECK LIST
FOR COMPLETION OF CERTIFICATION REQUIREMENTS

STUDENT'S NAME: _____ DEPT: _____

STUDENT No. _____ M.A. Program _____ Ph.D. Program _____

CAPSTONE ADVISOR'S NAME: _____ DEPT: _____

Semester of Entry: _____ Semester of Completion: _____

CORE REQUIREMENTS: (7 credits)

Semester/Year Taken

<input type="checkbox"/>	CUL 610 (3 credits)	_____
<input type="checkbox"/>	CUL 609 (1 credit)	_____
<input type="checkbox"/>	CUL 750 (3 credits)	_____

Title of Project: _____

ELECTIVES:(3 credits each; TOTAL = 9 credits) **Semester/Year Taken**

<input type="checkbox"/>	_____ (outside)	_____
<input type="checkbox"/>	_____ (outside)	_____
<input type="checkbox"/>	_____	_____

NOTE: Electives and Semester/Year Taken must match up with ICS records of when Electives were offered

APPROVED: _____
Signature of Director Date