

DAAS Graduate Certificate Worksheet

Circle One: African Studies (01973) / African American and Diasporic Studies (01974)

Date: _____ **Certificate Award Date** _____

Student Information

Name _____ UMID _____

Email _____ Phone No _____

Mailing Address _____

Rackham PhD or Master's Program _____

Date of Application for Certificate Program _____

DAAS GCP Faculty Member _____

DAAS Faculty Mentor(s) _____

Requirement Checklist

Completed Application? (check one) Yes _____ No _____

AAS 600/601

Date _____ Instructor _____

AAS 890/892

Date _____ Instructor _____

Electives

Term _____ Course _____ Instructor _____

Syllabus Appended? Yes _____ No _____

Term _____ Course _____ Instructor _____

Syllabus Appended? Yes _____ No _____

Term _____ Course _____ Instructor _____

Syllabus Appended? Yes _____ No _____

Term _____ Course _____ Instructor _____

Syllabus Appended? Yes _____ No _____

Meeting Date

DAAS: GCP Faculty Member/Faculty Mentor

Notes:

Meeting Date

DAAS: GCP Faculty Member/Faculty Mentor

Notes:

Meeting Date

DAAS: GCP Faculty Member/Faculty Mentor

Notes:

Meeting Date

DAAS: GCP Faculty Member/Faculty Mentor

Notes:
