

Center for International Studies Minor

Name: _____ Soc. Sec. # _____

Post Office Box: _____ Phone: _____

Permanent Address: _____

Permanent Phone: _____

Major: _____ Graduation Date: _____

Minor classes taken:

Number:	Course Description:	SEMESTER/Year	Grade
INTS 3130	Contemporary World Cultures	_____	_____
INTS 3230	Global Issues	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Advisor:

Name: _____ Signature: _____

Post Office Box: _____ Phone: _____

A copy of the degree approval letter will be sent to your post office box.

Comments:

On mailing list for *International Perspectives* _____