

# EUROPEAN UNION STUDIES CERTIFICATE

## PROGRAM APPLICATION

Name: \_\_\_\_\_  
Last First MI

\_\_\_\_\_ Student ID Number Home Institution \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Academic Major \_\_\_\_\_  
Male Female Month Day Year

### Contact Information

Current Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Area Code

Home Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Entrance Requirements

	<u>Semester &amp; Year Completed</u>	<u>Institution</u>	<u>Grade</u>	<u>Instructor</u>
World/Western Civilization	_____	_____	_____	_____
Introduction to the EU	_____	_____	_____	_____

Entrance GPA: \_\_\_\_\_ Earned Credits: \_\_\_\_\_  
Cumulative Semester Hours Career Ambition

\_\_\_\_\_ Student Signature Campus Representative Date \_\_\_\_\_

## Certificate Course Requirements

	<u>Semester &amp; Year Completed</u>	<u>Grade</u>	<u>Discipline</u>
_____	_____	_____	_____
Course Title & Number			
_____	_____	_____	_____
Course Title & Number			
_____	_____	_____	_____
Course Title & Number			
_____	_____	_____	_____
Course Title & Number			
_____	_____	_____	_____
Course Title & Number			
_____	_____	_____	_____
Capstone Seminar Title			

### Program Requirements

1. Practicum Experience
    - Overseas Experience: \_\_\_\_\_
    - Experience and Location \_\_\_\_\_ Grade \_\_\_\_\_
    - Experience Approval: \_\_\_\_\_
    - Campus Representative \_\_\_\_\_ Date \_\_\_\_\_
  - and/or
  - Internship Experience: \_\_\_\_\_
  - Experience and Location \_\_\_\_\_ Grade \_\_\_\_\_
  - Experience Approval: \_\_\_\_\_
  - Campus Representative \_\_\_\_\_ Date \_\_\_\_\_
2. Program Distinctions
    - Foreign Language: \_\_\_\_\_
    - Language Approval: \_\_\_\_\_
    - Campus Representative \_\_\_\_\_ Date \_\_\_\_\_
    - Courses Completed: \_\_\_\_\_
    - Title and Number \_\_\_\_\_ Grade \_\_\_\_\_ Semester/YR \_\_\_\_\_
  - and/or
  - Title and Number \_\_\_\_\_ Grade \_\_\_\_\_ Semester/YR \_\_\_\_\_
- Thesis Title: \_\_\_\_\_
- Thesis Committee: \_\_\_\_\_
- Director

Member
- Member

Date Topic Approved
- Date of Oral Defense

Thesis Grade
3. Overall GPA in Certificate Courses: \_\_\_\_\_
  4. Program Requirements Fulfilled: \_\_\_\_\_
  - Signature of Campus Representative
  5. Date Certificate Awarded: \_\_\_\_\_ Institution: \_\_\_\_\_