



URBAN STUDIES PROGRAM
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GRADUATE CERTIFICATE PROGRAM

Worksheet

Name _____

Phone: _____

E-Mail: _____

Local Address: _____

Program _____

Year _____

Committee Members

NAME	DEPARTMENT	PHONE/EMAIL
1	_____	_____
2	_____	_____
3	_____	_____

Urban Related Courses

COURSE NUMBER/TITLE	SEMESTER	INSTRUCTOR
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

Areas of Interest:

Approved _____

Date _____