



CCAS MUSEUM STUDIES PROGRAM
PROGRAM OF STUDIES (CERTIFICATE)

Departmental Advisor: _____ Date: _____

Student's name: _____ SS #: _____

Certificate: _____

Number of graduate credits transferred in: _____

Course work:

Semester	Courses
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additional requirements:

<u>Requirement</u>	<u>Intended date of completion</u>
Internship	_____
Internship	_____
Writing Requirement	_____