

EUROPEAN UNION STUDIES CERTIFICATE PROGRAM APPLICATION

Name: _____
Last First MI

Student ID Number Home Institution

Gender: _____ Date of _____
Male Female Birth Month Day Year Academic Major

Contact Information

Current Mailing Address _____

Telephone _____ E-Mail _____
Area Code

Home Mailing Address _____

Entrance Requirements

	<u>Semester/YR</u>	<u>Institution</u>	<u>Grade</u>	<u>Instructor</u>
World Hist/Western Civ/Global Issues	_____	_____	_____	_____
Introduction to the EU	_____	_____	_____	_____

Entrance GPA: _____
Cumulative

Earned Credits: _____
Semester Hours Career Ambition

Student Signature Campus Representative Date

