

**Application for the
Undergraduate Certificate in Australian and New Zealand Studies**

Candidate _____

(Please print name as you would like it to appear on the Certificate)

School _____ Graduation Year _____

Major _____ Student Number _____

Local Address _____

Permanent Address _____

Local Telephone _____ Permanent Telephone _____

EMAIL _____

Faculty Advisor in ANZ Studies _____

Advisor's Signature _____ Dept. _____

Application will not be accepted until above section is complete

Required course completion (Title/ Professor/ Semester)

Please list courses that meet Certificate requirements:

New Zealand Course _____

History 101 _____

Humanities Elective _____

Humanities Elective _____

Social Sciences Elective _____

Social Sciences Elective _____

