

New York University • Department of Social and Cultural Analysis

41 East 11th Street, New York, NY 10003 • phone: (212) 992-9650 fax: (212) 995-4665

Africana Studies Program

COURSE PLANNING WORKSHEET

NEW Requirements for students who enter CAS or NYU Fall 2006 and after

Advisor: _____
(last name)

Name: _____, _____ **NYU ID #:** N _ _ -- _ _ -- _ _
(last name) (first name)

Course Requirements (Eleven 4-point courses, 44 credits) Please note: courses were renumbered spring 06. Print out and complete **in pencil**. If you are unsure of when to take certain courses, leave blank.

Course Title	Course #	Semester Proposed	Semester Completed	Grade
1. Concepts in Social and Cultural Analysis	V18.0001			
2. Approaches to Africana Studies or approved substitute (see list)	V18.0101			
3. Africana Social Sciences Elective Course Title: _____	Course #:			
4. Africana Humanities Elective Course Title: _____	Course #:			
5. Africana Arts Elective Course Title: _____	Course #:			
6. Africana Science Elective Course Title: _____	Course #:			
7. Africana Elective Course Title: _____	Course #:			
8. SCA Common Elective Course Title: _____	Course #:			
9. SCA Common Elective Course Title: _____	Course #:			
10. Africana Studies-related Internship Fieldwork & Seminar (or Seminar substitute)	V18.0040/ 0042			
11. Senior Research Seminar, Africana focus	V18.0090			

***Notes:** (Please list and explain any substitutions, exceptions, transfer credits etc.)

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Schedule by Semester Planning Worksheet

Name: _____ NYU ID #: N _ _ -- _ _ -- _ _ _ _
(last, first)

Local Address: _____ Phone: _____

_____ Cell (not required): _____

Major: _____ Email: _____

Expected Grad. Date: _____

Schedule by Semester – include only **future** semesters. Print out and complete **in pencil**. Bring to advising appointment and discuss with advisor. Must be signed by advisor for declaration and/or registration clearance.

Semester: _____

Semester: _____

Semester: _____

Semester: _____

Semester: _____

Semester: _____

Departmental Comments:

Advisor's Signature _____ Advisor's Name _____ Date _____

For Office Use Only - Cleared by (inits/date) : _____