

# New York University • Department of Social and Cultural Analysis

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

## 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 Gender and Sexuality	V18.0401			
3. GSS elective Course Title: _____	Course #:			
4. GSS elective Course Title: _____	Course #:			
5. GSS elective Course Title: _____	Course #:			
6. GSS elective Course Title: _____	Course #:			
7. GSS elective Course Title: _____	Course #:			
8. SCA Common Elective Course Title: _____	Course #:			
9. SCA Common Elective Course Title: _____	Course #:			
10. Gender and Sexuality Studies-related Internship Fieldwork & Seminar (or Seminar substitute)	V18.0040/ 0042			
11. Senior Research Seminar, GSS 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: \_\_\_\_\_

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Semester: \_\_\_\_\_

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Semester: \_\_\_\_\_

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Semester: \_\_\_\_\_

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Semester: \_\_\_\_\_

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Semester: \_\_\_\_\_

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Departmental Comments:

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Advisor's Signature \_\_\_\_\_ Advisor's Name \_\_\_\_\_  
Date \_\_\_\_\_

*For Office Use Only* - Cleared by (inits/date) : \_\_\_\_\_