

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

COURSE PLANNING WORKSHEET

OLD Requirements for students who entered CAS or NYU PRIOR to Fall 2006

Advisor: _____
(last name)

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

Course Requirements (Twelve 4-point courses, 48 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. Approaches to Gender and Sexuality | V18.0401 | | | |
| 2. GSS elective Course Title: _____ | Course #: | | | |
| 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. Senior Research Seminar, GSS focus | V18.0090 | | | |
| 9. Concentration Course (waived for double majors) Course Title: _____ | Course #: | | | |
| 10. Concentration Course (waived for double majors) Course Title: _____ | Course #: | | | |
| 11. Concentration Course(waived for double majors) Course Title: _____ | Course #: | | | |
| 12 Concentration Course (waived for double majors) Course Title: _____ | Course #: | | | |

***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) : _____