

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

Metropolitan 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. Interdisciplinary Perspectives on Metropolitan Studies	V18.0601			
3. Cities in a Global Context	V18.0602			
4. One course focusing on Area 1 Course Title: _____	Course #:			
5. One course focusing on Area 2 Course Title: _____	Course #:			
6. One course focusing on Area 3 Course Title: _____	Course #:			
7. SCA Common elective Course Title: _____	Course #:			
8. Metropolitan Studies-related Internship Fieldwork	V18.0040			
9. Internship Seminar (formerly V99.0402)	V18.0042			
10. Research Methods in Metropolitan Studies	V18.0651			
11. Senior Research Seminar, Metropolitan Studies focus	V18.0090			

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

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

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) : _____