

AAAS Graduate Certificate Application for Master's Candidates

Date: _____

Name as it should appear on the certificate: _____

Net ID: _____ Student ID#: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Degree(s) Earned/Year: _____

Department/Discipline: _____

Date Enrolled: _____ Expected Date of Graduation: _____

Certificate Requirements:

Gateway Seminar (Required) Semester/Year _____

AAAS graduate-level courses (500-999) taken toward certificate requirements (both must be taught by core or secondary faculty):

Course Title	Course Number	Semester

*Independent Study Project:

Faculty Advisor (AAAS core or secondary faculty member): _____

**Final Thesis/Project:

Signature of AAAS DGS: _____ Date: _____

*Independent Study must be developed in association with an AAAS core or secondary faculty member.

**Final product/thesis must be approved in advance by the DGS and should address an aspect of the program's scholarly mission. An AAAS faculty member must serve as a final reader of the thesis/project, or as an examiner in its final review.

Please attach:

1. A copy of your most recent transcript of Duke course work.
2. A writing sample

Please submit the completed application to:

Director of Graduate Studies
Department of African and African American Studies
Box 90252
243 Ernestine Friedl Bldg.
Duke University
Durham, NC 27708
kshapiro@duke.edu CC: tyra.dixon@duke.edu