Africana Studies Minor
REQUIREMENTS COMPLETION FORM

Student Name and ID _____________________________________________________
Email ____________________________________________________________________
Anticipated Graduation _________________________________________________
Date Form Submitted/Requirements Met ____________________________________

I. Introduction to Africana Studies
__________ Engl/Hist 3350
(semester)

II. African American

(semester) (course #/title)

(semester) (course #/title)

III. Africa, Caribbean, Diaspora

(semester) (course #/title)

(semester) (course #/title)

Coordinator of African Studies, Dr. Stacy Boyd

Department Chair, Dr. Randy Hendricks

Date