

**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