

PROGRAM IN LINGUISTICS

Application to Program of Study

STUDENT INFORMATION

*NAME: _____

COLLEGE: _____

*CLASS: _____

*UNIVERSITY ID: _____

CAMPUS ADDRESS: _____

CELL PHONE: _____

*E-MAIL ADDRESS: _____

Home Address: _____

*Major (or Contemplated Major, Including Independent Major):

CERTIFICATE REQUIREMENTS:

LIN 201 completed? Yes No

First Course: _____

Term taken: _____

Second course: _____

Term taken: _____

Third course: _____

Term taken: _____

Fourth course: _____

Term Taken: _____

Independent Work:

Admitted to Program by _____, Director

Date: _____

Please return form to Linguistics Program, 207 Scheide Caldwell House