

Application Form

Certificate of International Studies

Office of International Programs ~ Indiana University South Bend
1700 Mishawaka Ave., P.O. Box 7111, South Bend, IN 46634-7111 (574)520-4402

Graduation Date: _____

Personal Data

Name: _____ IU ID# _____

Address: _____

Telephone: (home) _____ (work) _____ (cell) _____

E-mail: _____

Academic Data

Division: _____

Class Standing: Fr _____ So _____ Jr _____ Sr _____ Grad _____

Major(s): _____

Minor(s): _____

Cumulative Grade Point Average (CGPA): _____

Describe interest area:

Other Remarks/Comments:

Courses Taken:

Foreign Language

- 6 credit hours or 2 semesters

Course Number	Course Title	Semester/Year	Hours
			3
			3

International Courses

- 15 credit hours (after the foreign language). Must include no more than one 100-level course and at least one 400-level course)

Course Number	Course Title	Semester/Year	Hours
			3
			3
			3
			3
			3

Other International Courses Taken:

Course Number	Course Title	Semester/Year	Hours

Transcripts Submitted: Yes _____

No _____

Director's Approval of Program

Date: _____