

WEATHERHEAD EAST ASIAN INSTITUTE

CERTIFICATE AUDIT FORM

PLEASE SUBMIT <u>WITH TRANSCRIPT</u> TO: Weatherhead East Asian Institute, MC3333 Student Affairs

Room 935 International Affairs Building

Last Name: Fin	st Name: First Name		
SSN: School/Department Expected Date of Graduation: Expected Date of Certificate Completion:			
			Signature
LANGUAGE PROFICIENCY requirement of 4 th year or a one of the following:	above in Chinese, Japanese, or	r Korean, met by	
I have completed the following $4^{\rm th}$ year or higher course: Tit	tle, Number		
I have passed the language placement exam for	and placed at the 4 th year l	evel or higher.	
I am a native speaker of		·	
TWO APPROPRIATE HISTORY COURSES			
Course Title	Course Number	Credits	
			
THREE REGIONAL COURSES (in at least two different fields, with at least one focused on certificate)	a country or region other than	that of the	
Course Title	Course Number	Credits	
TWO SEMINARS OR COLLOQUIA			
Course Title	Course Number	Credits	
Institute Director Approval	Date		