

## Jewish Studies Minor Form Department of History

Name \_\_\_\_\_  
Last
First
Middle

Major \_\_\_\_\_ Student Number \_\_\_\_\_

*If a course was taken at another college or university, please indicate the name of the institution and the course number and title in the space provided*

<i>Department</i>	<i>College and Title</i>	<i>Units</i>	<i>Date</i>	<i>Grade</i>
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*Required Courses (12 Units)*

JwsS/RelS 108 or 153	_____	3	_____	_____
JwsS/Hebr 10A	_____	3	_____	_____
JwsS/Hebr 10B	_____	3	_____	_____
JwsS/Hist 106 or 154	_____	3	_____	_____

*Elective Courses (6 Units)*

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Substitute \_\_\_\_\_ for \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Substitute \_\_\_\_\_ for \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Checked by Advisor: Date \_\_\_\_\_ Signature \_\_\_\_\_

Checked by Registrar's Office: Date \_\_\_\_\_ Signature \_\_\_\_\_

Jewish Studies Coordinator Approval: Date \_\_\_\_\_ Signature \_\_\_\_\_