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

<table>
<thead>
<tr>
<th>Department</th>
<th>College and Title</th>
<th>Units</th>
<th>Date</th>
<th>Grade</th>
</tr>
</thead>
</table>

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 _______________