

HARRIMAN INSTITUTE CERTIFICATE AUDIT FORM

Please submit this form **with official transcript** to:

Rebecca Dalton
Harriman Institute, MC 3345
Room 1211

You will receive an email confirmation upon receipt.

Name: _____ UNI: _____
School: _____ Department: _____
Beginning Semester at CU: Fall / Spring _____ Anticipated Semester of Graduation: Fall / Spring _____

REGIONAL LANGUAGES

Language: _____ Native / Placement Test / Course: _____ Grade: _____

REGIONAL COURSES

Please see Program Guide for course distribution requirements.

<u>Course Title</u>	<u>Department</u>	<u>Course Number</u>	<u>Grade</u>
Legacies of Empire and the Former Soviet Union	REGN	U8445	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Credit Points: _____ (*must total 20*)

CERTIFICATE ESSAY

Topic: _____ Reader: _____

Institute Approval: _____ Date: _____