

## Major Graduation Completion Form

|  |  |
|--|--|
| <b>Name:</b> _____<br><b>Student ID (N) #:</b> _____<br><b>Graduation Date:</b> _____<br><b>Other major/minor</b> _____<br><b>NYU Email:</b> _____ | <b>Phone Number:</b> _____<br><b>Permanent Address:</b> _____<br><br><b>Non-NYU Email:</b> _____ |
|--|--|

Please list any awards, scholarships, fellowships, grants, or notable recognition that you have received while at NYU:

---

What are your post-graduation plans? \_\_\_\_\_

### Major Requirements

|  |  |
|--|--|
| <b>1. The Workshop:</b> Course Number: _____ Course Title: _____<br>Grade: _____ Semester taken: _____<br>US <input type="checkbox"/> European <input type="checkbox"/> Non-West <input type="checkbox"/> Pre-1800 <input type="checkbox"/>  |  |
| <b>2. Course Number:</b><br>Course Title: _____<br>Grade: Intro <input type="checkbox"/> Advanced <input type="checkbox"/> Petitioned <input type="checkbox"/><br>US <input type="checkbox"/> European <input type="checkbox"/> Non-West <input type="checkbox"/><br>Semester taken: _____ | <b>3. Course Number:</b><br>Course Title: _____<br>Grade: Intro <input type="checkbox"/> Advanced <input type="checkbox"/> Petitioned <input type="checkbox"/><br>US <input type="checkbox"/> European <input type="checkbox"/> Non-West <input type="checkbox"/><br>Semester taken: _____ |
| <b>4. Course Number:</b><br>Course Title: _____<br>Grade: Intro <input type="checkbox"/> Advanced <input type="checkbox"/> Petitioned <input type="checkbox"/><br>US <input type="checkbox"/> European <input type="checkbox"/> Non-West <input type="checkbox"/><br>Semester taken: _____ | <b>5. Course Number:</b><br>Course Title: _____<br>Grade: Intro <input type="checkbox"/> Advanced <input type="checkbox"/> Petitioned <input type="checkbox"/><br>US <input type="checkbox"/> European <input type="checkbox"/> Non-West <input type="checkbox"/><br>Semester taken: _____ |
| <b>7. Course Number:</b><br>Course Title: _____<br>Grade: Intro <input type="checkbox"/> Advanced <input type="checkbox"/> Petitioned <input type="checkbox"/><br>US <input type="checkbox"/> European <input type="checkbox"/> Non-West <input type="checkbox"/><br>Semester taken: _____ | <b>7. Capstone Seminar:</b> Course Number: _____<br>Course Title: _____<br>Grade: _____<br>Semester taken: _____<br>US <input type="checkbox"/> European <input type="checkbox"/> Non-West <input type="checkbox"/> Pre-1800 <input type="checkbox"/>                                      |
| <b>8. Pre-1800:</b> Course Number: _____<br>Course Title: _____<br>Other requirement(s) fulfilled: _____<br>Grade: Intro <input type="checkbox"/> Advanced <input type="checkbox"/> Petitioned <input type="checkbox"/><br>Semester taken: _____   | <b>9. Pre-1800:</b> Course Number: _____<br>Course Title: _____<br>Other requirement(s) fulfilled: _____<br>Grade: Intro <input type="checkbox"/> Advanced <input type="checkbox"/> Petitioned <input type="checkbox"/><br>Semester taken: _____   |
| <b>Additional History Elective (if needed to total 9 classes):</b><br>Course Number: _____<br>Course Title: _____<br>Grade: Intro <input type="checkbox"/> Advanced <input type="checkbox"/> Petitioned <input type="checkbox"/><br>Semester taken: _____                                  | <b>Additional History Elective (if needed to total 9 classes):</b><br>Course Number: _____<br>Course Title: _____<br>Grade: Intro <input type="checkbox"/> Advanced <input type="checkbox"/> Petitioned <input type="checkbox"/><br>Semester taken: _____                                  |

**Additional Notes:** \_\_\_\_\_