

## Major Graduation Completion Form

<b>Name:</b> _____ <b>Student ID (N) #:</b> _____ <b>Graduation Date:</b> _____ <b>Other major/minor</b> _____ <b>NYU Email:</b> _____	<b>Phone Number:</b> _____ <b>Permanent Address:</b> _____ _____ <b>Non-NYU Email:</b> _____
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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: _____ Grade: _____ Semester taken: _____ US <input type="checkbox"/> European <input type="checkbox"/> Non-West <input type="checkbox"/> Pre-1800 <input type="checkbox"/>	
<b>2. Course Number:</b> Course Title: _____ Grade: Intro <input type="checkbox"/> Advanced <input type="checkbox"/> Petitioned <input type="checkbox"/> US <input type="checkbox"/> European <input type="checkbox"/> Non-West <input type="checkbox"/> Semester taken: _____	<b>3. Course Number:</b> Course Title: _____ Grade: Intro <input type="checkbox"/> Advanced <input type="checkbox"/> Petitioned <input type="checkbox"/> US <input type="checkbox"/> European <input type="checkbox"/> Non-West <input type="checkbox"/> Semester taken: _____
<b>4. Course Number:</b> Course Title: _____ Grade: Intro <input type="checkbox"/> Advanced <input type="checkbox"/> Petitioned <input type="checkbox"/> US <input type="checkbox"/> European <input type="checkbox"/> Non-West <input type="checkbox"/> Semester taken: _____	<b>5. Course Number:</b> Course Title: _____ Grade: Intro <input type="checkbox"/> Advanced <input type="checkbox"/> Petitioned <input type="checkbox"/> US <input type="checkbox"/> European <input type="checkbox"/> Non-West <input type="checkbox"/> Semester taken: _____
<b>7. Course Number:</b> Course Title: _____ Grade: Intro <input type="checkbox"/> Advanced <input type="checkbox"/> Petitioned <input type="checkbox"/> US <input type="checkbox"/> European <input type="checkbox"/> Non-West <input type="checkbox"/> Semester taken: _____	<b>7. Capstone Seminar:</b> Course Number: _____ Course Title: _____ Grade: _____ Semester taken: _____ 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: _____ Course Title: _____ Other requirement(s) fulfilled: _____ Grade: Intro <input type="checkbox"/> Advanced <input type="checkbox"/> Petitioned <input type="checkbox"/> Semester taken: _____	<b>9. Pre-1800:</b> Course Number: _____ Course Title: _____ Other requirement(s) fulfilled: _____ Grade: Intro <input type="checkbox"/> Advanced <input type="checkbox"/> Petitioned <input type="checkbox"/> Semester taken: _____
<b>Additional History Elective (if needed to total 9 classes):</b> Course Number: _____ Course Title: _____ Grade: Intro <input type="checkbox"/> Advanced <input type="checkbox"/> Petitioned <input type="checkbox"/> Semester taken: _____	<b>Additional History Elective (if needed to total 9 classes):</b> Course Number: _____ Course Title: _____ Grade: Intro <input type="checkbox"/> Advanced <input type="checkbox"/> Petitioned <input type="checkbox"/> Semester taken: _____

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