AFRICANA STUDIES
Major Checklist

Student’s Name: ________________________________________ I.D. _____________________
Other Major(s): ________________________________________ (A signed checklist is required for each major).

Please list courses by department code and number. For transfer courses (including courses taken at the University of Ghana or other locations abroad) write the full title and add “T”. Indicate which courses are incomplete (INC), in progress (IP), or to be taken (TBT).

TEN (10) COURSES FROM AT LEAST THREE (3) ASE DEPARTMENTS OR PROGRAMS DISTRIBUTED ACCORDING TO THE CATEGORIES BELOW: (See the Categories webpage and p. 17 of 2013-14 Bulletin)

1. Gateway Course on historical and philosophical foundations of Africana Studies
2. Course on theoretical and structural aspects of Race, Racism, and Racial Inequality in domestic or international contexts
3. Course on encounters of people of African descent in Africa and/or the Diaspora that examines oppression, exploitation, imposition, or colonialism
4. Course on Arts and/or Culture of people of Africa and the African Diaspora

Six (6) elective courses focusing on topics relevant to Africana Studies, chosen from at least three (3) of the Categories A-F* listed here:
* A= Language (relevant to Africana Studies; up to 1 credit); B= Immigration; C= Public Policy, e.g., health, judicial systems, education (up to 2 courses); D= Participatory culture (up to 1 credit); E= other Arts or Culture; F= History; G= faulty-sponsored internship (up to 1 credit); H= Senior Thesis (up to 2 credits)

5. _______________________ A☐B☐C☐D☐E☐F☐G☐H☐
6. _______________________ A☐B☐C☐D☐E☐F☐G☐H☐
7. _______________________ A☐B☐C☐D☐E☐F☐G☐H☐
8. _______________________ A☐B☐C☐D☐E☐F☐G☐H☐
9. _______________________ A☐B☐C☐D☐E☐F☐G☐H☐
10. ________________________ A☐B☐C☐D☐E☐F☐G☐H☐

☐ 3 Courses at 100-level?
☐ Courses from 3 Departments or Programs?
☐ at least 1 Course from African Studies and African Diaspora Studies [includes African American Studies]

Advisor’s Name: _______________________________
Advisor’s Signature: __________________ Date: __________
Director’s Signature: ___________________________ Date: __________