Procedure for Applying to the Minor in Africana Studies

If you have acquainted yourself with the requirements for the Africana Studies major from the Africana website, you may bring or send the following documents to the Africana Studies and Research Center (ASRC), to the attention of Renee Milligan, in the ASRC main office, Room 103.

1. A letter of application (including local mailing address, email, and phone number) articulating your interest in the Africana Studies Minor.

2. A list of the ASRC courses you have taken, along with a plan of the ASRC courses you intend to take to complete the minor.

3. A copy (unofficial) of your transcript, with ASRC courses highlighted.

A minor concentration in Africana Studies requires at least five (5) Africana Studies (ASRC) courses (with a grade of C or better), including Introduction to Africana Studies.

- Intro. to African Studies
- 3 Courses: one course falling under each of the following categories (at the 2000 level or above)
  - African
  - African American
  - Caribbean Studies
- 1 course on History, Literature, Politics, Popular Culture, Race & Inequality, or Gender & Sexuality within the African Diaspora (at the 3000 level or above)

The result of your application will be forwarded to you as soon as the paperwork is completed. Please contact the Director of Undergraduate studies to arrange a meeting or for further consultation.

Renee Milligan
asrc@cornell.edu
(607) 255-4625
Room 103, Africana Studies and Research Center
# Africana Studies and Research Center

## Minor Course Checklist

1. **Student’s Name** ___________________________ **CUID** ___________________________  
   **Expected Graduation Date** ___________________________ **Today’s Date** ___________________________

2. **Core Courses:**
   
<table>
<thead>
<tr>
<th>Course Numbers:</th>
<th>Course Title:</th>
<th>Credit</th>
<th>Semester</th>
<th>Grade:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASRC 1500</td>
<td>Introduction to Africana Studies</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. **Three courses at the 2000 Level; One in each of the following categories:**
   (African, Africana-American, Caribbean or Other Diaspora Studies)
   
<table>
<thead>
<tr>
<th>Course Numbers:</th>
<th>Course Title:</th>
<th>Credit</th>
<th>Semester</th>
<th>Grade:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **One course at the 3000 Level on one of the following topics:**
   (History, Literature, Politics, Popular Culture, Race & Inequality or Gender Studies)
   
<table>
<thead>
<tr>
<th>Course Numbers:</th>
<th>Course Title:</th>
<th>Credit</th>
<th>Semester</th>
<th>Grade:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **Sub-Total _______ average: _______**

5. **Has the student completed the course listed above?**  
   Yes____  No____

6. **Does the student have a C+ or better cumulative average in ASRC**  
   Yes____  No____

7. **Has the student accumulated a total of 16 credit hours in ASRC courses?**  
   Yes____  No____

8. **Notes:** ____________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

**Director of Undergraduate’s Signature** ___________________________ **Date** ___________________________
AFRICANA STUDIES AND RESEARCH CENTER
Minor Application

1. Today’s Date: ___________  Expected Date of Graduation: ___________ College________________
   Major: _____________________________  Dual Major: _____________________________

2. Student’s Name ________________________________________________________________

3. CUID: ________________  Net ID: ______  E-mail address: _____________________________
   Check Area(s) of Interest: Africa____ United States____ Caribbean____ Other: __________

4. Local Address: ________________________________________________________________

5. Local Phone: ________________  Cell Phone: _____________________________

6. Home Address: ________________________________________________________________

7. Home Phone: ________________________________________________________________

8. Notes: _______________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

Student’s Signature ___________________________________________  Date ______________

_________________________________________________________________________________________

(Below – to be filled out by the Director of Undergraduate Studies)

Advisor’s Name ___________________________________________  Date __________

Advisor’s Signature ___________________________________________  Date __________

Please return this form to the Main Office of the Africana Studies and Research Center (Room 103), 310 Triphammer Road, Ithaca, NY 14850

Your Name will be added to our e-mail list-serve for events and Center notices unless you notify us.