AFRICAN AND AFRICAN AMERICAN STUDIES PROGRAM
GRADUATE MINOR PLAN OF STUDY

NAME
__________________________________________________________________

LSUID
_________________________________________ E-Mail
_________________________________________

MAJOR ADVISOR
_______________________________________________

MINOR ADVISOR
___________________________________________________________

HOME DEPARTMENT
___________________________________________________________

DEGREE PROGRAM
________________________________________

Field of Bachelor’s Degree
____________________________________________________

Field of Master’s Degree
____________________________________________________

12 semester hours of course work including 6 hours at the 7000 level and 6 hours in AAAS-approved courses at the 4000 level or above. No more than 2 of these courses may be taken within the same department or with the same professor and no more than 1 course may be taken within the student’s home department.

<table>
<thead>
<tr>
<th>Course/Instructor</th>
<th>Semester Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Approval for Course of Study

___________________________________ Date
Student

___________________________________ Date
Minor Advisor

___________________________________ Date
Director, African and African American Studies

Revised 08/17