

**PROGRAM IN JUDAIC STUDIES
CERTIFICATE APPLICATION**

Date _____

Name _____ Class _____

Campus Address _____

Phone _____ E-mail _____

Home Address _____

Home Phone _____ Student I.D. Number _____

Major _____

Certificate Requirements:

Judaic Studies Courses (list course number, title, semester, and grade received)

Senior Thesis Topic

Signature _____ Date _____