

Center of the American West

Certificate Program Enrollment Form

Name _____ Student Number _____

Local Address _____

City _____ State _____ Zip Code _____

Phone _____ e-mail address _____

Permanent Address _____

City _____ State _____ Zip Code _____

Phone _____

Major _____ Minor _____ School/College _____

Anticipated semester/year of graduation _____

Extra-curricular interests/activities _____

Interests in Western American Studies _____

Are you interested in:

() volunteering to plan and/or staff Center events

() participating in discussions on Western issues

() other suggestions _____

How did you hear about the Center? _____

I have received a copy of the guidelines and understand the requirements of this program. I have been advised that the required introductory course, CAMW2001, is offered only in fall semesters, and that the required capstone course, CAMW4001, is offered only in spring semesters. I understand that it is my responsibility to register for these courses in accordance with CU registration timetables.

Student Signature _____ **Date** _____

for office use only

Notes: _____

Departmental Approval _____ **Date** _____

For more info about the program, call 303-735-1399, or email CenterWest@colorado.edu

For more info about Center of the American West programs and events, visit www.Centerwest.org