

Requirements Checklist
Certificate in Black Church/ Africana Religious Studies

Name: _____ Student ID#: _____

___ Intent to enroll form submitted Date: _____

___ BCARS Introductory Course (*HS 3325*) completed Semester: _____

___ additional course requirement completed:

Course Title: _____

Instructor: _____ Semester completed: _____

Project title (if relevant):

___ additional course requirement completed

Course Title: _____

Instructor: _____ Semester completed: _____

Project title (if relevant):

___ additional course requirement completed

Course Title: _____

Instructor: _____ Semester completed: _____

Project title (if relevant):

___ colloquium series participation requirement completed Semester: _____

Event Title & Date: _____

Please attach completed Colloquium Verification form

Please submit this form and proof of requirement completion to the Certificate in Black Church/
Africana Religious Studies Program Director
Unofficial transcripts are acceptable proof of coursework completion.
Questions? Contact lgarrettcobbina@sfts.edu

Certification Approved: _____
Date

BC/ARS Program Director Signature