

**PROGRAM IN HUMANITARIAN ASSISTANCE
CERTIFICATE OR CONCENTRATION
PROGRAM STATEMENT**

Name: _____

Term Enrolled: _____

Year Enrolled: _____

Desired Degree: _____

Circle One: Certificate Concentration

Projected Graduation Date: _____

CORE COURSES:

Course #	Course Title	Term/Year	Credits
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

ELECTIVE COURSES:

Course #	Course Title	Term/Year	Credits
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

FIELD TRAINING & SKILLS DEVELOPMENT CORE:

Course #	Course Title	Term/Year	Credits
1) _____	_____	_____	_____
2) _____	_____	_____	_____

INTERNSHIP:

Organization	Hours
_____	_____

Total Credit Hours _____

Program Director Signature: _____ Date: _____

Associate Dean Signature: _____ Date: _____