

**Proposed Field Certification Plan
Yale University
Department of Political Science**

Please fill out this form and submit it to Colleen Amaro Rm 135, 8 Prospect Place for review by the DGS.

Student Name: _____

Proposed Fields of Certification:

- 1. _____ Exam Course Certification
- 2. _____ Exam Course Certification
- 3. _____ Exam Course Certification
- 4. _____ Exam Course Certification

If by Course Certification:

Proposed courses to be counted for _____
(Field)

- 1. _____

Course #	Title	Instructor
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- 2. _____

Course #	Title	Instructor
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- 3. _____

Course #	Title	Instructor
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Proposed courses to be counted for _____
(Field)

- 1. _____

Course #	Title	Instructor
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- 2. _____

Course #	Title	Instructor
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- 3. _____

Course #	Title	Instructor
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