



**PROGRAM FOR Jewish civilization**  
 Edmund A. Walsh School of Foreign Service

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**MINOR IN JEWISH CIVILIZATION**  
**Application Form**

Name:		GOCard Number:	
Local Address:			
Telephone: (Home)		(Work)	E-Mail:
Permanent Address:			
Permanent Telephone:		Expected Year of Graduation:	
Degree:			
<b>PROPOSED COURSES (Changes in Courses Must be Approved):</b>			
<b>1. Modern Jewish Civilization: The Struggle for Nationhood and the Diaspora</b>			
Professor: _____	Semester/Year: _____	Course #:	Comments
2.			
Professor: _____	Semester/Year: _____	Course #: _____	Comments
3.			
Professor: _____	Semester/Year: _____	Course #: _____	Comments
4.			
Professor: _____	Semester/Year: _____	Course #: _____	Comments
5.			
Professor: _____	Semester/Year: _____	Course #: _____	Comments
<b>6. Capstone Course:</b>			
Professor: _____	Semester/Year: _____	Course #: _____	Comments
<b>COMPLETION OF CERTIFICATE REQUIREMENTS:</b>			
Applicant Signature _____		Date _____	
Director, Program for Jewish Civilization _____		Date _____	