

Agreement for Independent Specialization in English

Name _____

Perm number _____ Local Phone _____

Local Address _____

Email address _____

Quarter of expected graduation _____

Specialization Title:

List below the proposed course plan for the specialization as agreed upon in consultation with your faculty advisor to fulfill the above Independent Specialization's requirements. **Four** of the courses below must be completed to finish your Independent Specialization. Turn this form in to the English Undergraduate Advisor with all required signatures. **Note that you must return to officially request certification in the specialization after completion of the fourth course.**

English UD Elective Courses:

_____	_____
_____	_____
_____	_____
_____	_____

Faculty Advisor's Signature

Date

Student's Signature

Date

See English department website at www.english.ucsb.edu for a listing of courses and descriptions.