

**CLASSICAL STUDIES OUTSIDE COURSE APPROVAL FORM
DEPARTMENT OF HISTORY**

Name _____ ID# _____ Date _____

Email _____ Phone _____ CLST: Major Minor

Directions: Make an appointment with a classical studies faculty adviser. Bring to that appointment: this form, all relevant course materials (e.g., syllabi, course description from general catalog, reading lists, written assignments, etc.) and **a printout from your MyUCSC student portal showing that the courses under review have been posted to your UCSC academic record;** be prepared to justify why these courses should qualify as part of your major or minor. Obtain your faculty adviser's signature of approval below. Submit your completed form to the History Department office for final approval and inclusion in your official student record.

Classical studies majors must take a minimum of six regularly scheduled classical studies courses plus the comprehensive/DC requirement from members of the UCSC classical studies faculty. Subject to the limits indicated below, courses from the following categories may be applied to the classical studies major.

Classical studies minors must take a minimum of five regularly scheduled classical studies courses from members of the UCSC classical studies faculty. Subject to the limits indicated below, minors may apply a maximum of two courses from the following categories.

- TRANSFER COURSE: Courses taken at another institution (limit of 3)
- EAP: Education Abroad Program (limit of 3)
- COURSE SUBSTITUTION: Related courses not currently on the pre-approved classical studies course list (limit of 2)
- OTHER: Independent and field studies (limit of 1)

Only courses passed with the equivalent of a letter grade of C or better may be applied to course requirements.

APPROVED FOR
(faculty adviser use only):

1. Course Number & Title _____ _____

Institution _____ Grade _____ _____

Type of Course: Course Substitution EAP Transfer Course Other _____

2. Course Number & Title _____ _____

Institution _____ Grade _____ _____

Type of Course: Course Substitution EAP Transfer Course Other _____

3. Course Number & Title _____ _____

Institution _____ Grade _____ _____

Type of Course: Course Substitution EAP Transfer Course Other _____

Faculty Adviser Approval _____ **Date** _____