EALC MINOR CONSENT FORM

Please return this completed form in person or via email to the Director of Undergraduate Studies in East Asian Languages and Civilizations (Ariel Fox, arielfox@uchicago.edu) and to the student’s College Advisor.

Name: __________________________________________________________ ID Number: __________
College Adviser: ________________________________________________ Anticipated Graduation: __________
UChicago Email Address: __________________________________________

The language-focused minor in East Asian Languages and Civilizations requires seven total courses. One of these courses must be content-focused; all others must be language courses. At least three of the language classes must be taken at the second-year level or above. All courses must be approved by the Director of Undergraduate Studies.

Please enter the course title, course number, and the quarter the course was taken on the lines below.

EALC Course #1: __________________________________________________________
Quarter: __________________________ Year: __________

EALC Course #2: __________________________________________________________
Quarter: __________________________ Year: __________

EALC Course #3: __________________________________________________________
Quarter: __________________________ Year: __________

EALC Course #4: __________________________________________________________
Quarter: __________________________ Year: __________

EALC Course #5: __________________________________________________________
Quarter: __________________________ Year: __________

EALC Course #6: __________________________________________________________
Quarter: __________________________ Year: __________

EALC Course #7: __________________________________________________________
Quarter: __________________________ Year: __________

By signing this form, I agree that I will take these courses in order to graduate with a minor in East Asian Languages and Civilizations. Before changing courses, I agree to consult with the Director of Undergraduate Studies to confirm that the new classes are acceptable substitutes to the ones listed here. If I do not get prior approval from the Director of Undergraduate Studies, I understand that I may be ineligible to graduate on time.

Student signature: __________________________________________ Date: __________

DUGS signature: __________________________________________ Date: __________