

Today's Date:

## DE in Critical Theory Requirements Checklist

Student Name:	
Email:	
Phone:	
Home Dept & Address:	
Year Admitted to the DE:	
Date of Qualifying Exams:	
SID:	
DE Faculty Advisor:	

<b>Course Requirements Completed</b>	
<b>Critical Theory 200/</b> Alternate Course & Sect. # ___ (if applicable) Course Title: Professor:	Semester/Year
<b>Critical Theory 205/</b> Alternate Course & Sect. # ___ (if applicable) Course Title: Professor:	Semester/Year
<b>Critical Theory 240/</b> Alternate Course & Sect. # ___ (if applicable) Course Title: Professor:	Semester/Year
<b>DE Elective 1/</b> Course & Section # _____ Course Title: Professor:	Semester/Year
<b>DE Elective 2/</b> Course & Section # _____ Course Title: Professor:	Semester/Year

**Graduate Division Paperwork Completed (mark corresponding box with an X):**

- |  |                          |
|--|--------------------------|
| 1. Graduate Petition for Change of Major Form:                     | <input type="checkbox"/> |
| 2. DE Signature on the Application for the Qualifying Examination: | <input type="checkbox"/> |
| 3. DE Signature on the Plan B Application for Candidacy:           | <input type="checkbox"/> |
| 4. Designated Emphasis in Critical Theory Final Report:            | <input type="checkbox"/> |

Submitted: \_\_\_\_\_ Date: \_\_\_\_\_