

# Department of Studies in Race, Colonialism, and Diaspora (RCD)

Africana Studies | American Studies | Asian American Studies | Colonialism Studies  
Latino Studies | Native American and Indigenous Studies

## RCD Minor Certification Checklist

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Graduation Class: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*Student's Minor (must be previously declared): \_\_\_\_\_

***\*Visit the website of the minor you selected for an explanation of requirements***  
<http://as.tufts.edu/raceColonialismDiaspora/>

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**Submit with the Advisement Report and any other major or minor checklists to the Student Services Desk by the due date. If substitutions are made, it is the student's responsibility to make sure the substitutions are approved by their advisor.**

*Visit the link for directions to access student records in SIS, <http://students.tufts.edu/registrar/what-we-assist/access-student-records>.*

***Note: University rules limit to a total of two courses that can overlap between a minor and a major, the foundation requirements, or the distribution requirements.***

### **Courses Completed for Minor**

Instructor Name	Course Number	Course Title	Semester/year	Grade	Credit
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1. _____	_____	_____	_____	_____	_____
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Instructor Name	Course Number	Course Title	Semester/year	Grade	Credit
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2. _____	_____	_____	_____	_____	_____
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Instructor Name	Course Number	Course Title	Semester/year	Grade	Credit
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3. _____	_____	_____	_____	_____	_____
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Instructor Name	Course Number	Course Title	Semester/year	Grade	Credit
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4. _____	_____	_____	_____	_____	_____
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Instructor Name	Course Number	Course Title	Semester/year	Grade	Credit
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5. _____	_____	_____	_____	_____	_____
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Instructor Name	Course Number	Course Title	Semester/year	Grade	Credit
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6. _____	_____	_____	_____	_____	_____
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See reverse

Capstone Project Title (if applicable): \_\_\_\_\_

Capstone Advisor's Name: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

Semester/Year: \_\_\_\_\_ Grade: \_\_\_\_\_ Credit: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***I/We certify that completion of the above courses will satisfy all requirements of the \_\_\_\_\_ minor.***

Capstone Project Advisor's Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_