

**Requirements Checklist**  
***Certificate in Black Church/ Africana Religious Studies***

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

\_\_\_ Intent to enroll form submitted Date: \_\_\_\_\_

\_\_\_ BCARS Introductory Course (*HS 3325*) completed Semester: \_\_\_\_\_

\_\_\_ additional course requirement completed:

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

Instructor: \_\_\_\_\_ Semester completed: \_\_\_\_\_

Project title (if relevant):  
\_\_\_\_\_

\_\_\_ additional course requirement completed

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

Instructor: \_\_\_\_\_ Semester completed: \_\_\_\_\_

Project title (if relevant):  
\_\_\_\_\_

\_\_\_ additional course requirement completed

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

Instructor: \_\_\_\_\_ Semester completed: \_\_\_\_\_

Project title (if relevant):  
\_\_\_\_\_

\_\_\_ colloquium series participation requirement completed Semester: \_\_\_\_\_

Event Title & Date: \_\_\_\_\_  
\_\_\_\_\_

**Please attach completed Colloquium Verification form**

Please submit this form and proof of requirement completion to the Certificate in Black Church/  
Africana Religious Studies Program Director  
Unofficial transcripts are acceptable proof of coursework completion.  
Questions? Contact lgarrettcobbina@sfts.edu

Certification Approved: \_\_\_\_\_  
Date

\_\_\_\_\_  
BC/ARS Program Director Signature