DATE:

## LAW, POLITICS, AND THE MEDIA CERTIFICATE Completed Program of Study

Name:	
Address:	SUID No.:
	Email:
Home Telephone:	Campus Telephone:
REQUIRED COURSE:	
1) Law, Politics, and the Media (LAW 839/N)	EW 500/PSC 700)
Semester:	
ELECTIVE COURSES:	
Home School:	
1) Course Title and Number:	
Instructor:	Semester:
2) Course Title and Number:	
Instructor:	Semester:
Visiting School #1 (Law, Newhouse, or Maxwe	11)
1) Course Title and Number:	
Instructor:	Semester:
Visiting School #2 (Law, Newhouse, or Maxwe	ll)
1) Course Title and Number:	
Instructor:	Semester:
INTERDISCIPLINARY RESEARCH PROJECT (b	orief explanation):
Program Approval	
Director, Institute for the Study of the Judiciary	y, Politics, and the Media Date