

# Certificate in Jewish and Israel Studies (CJIS) at Wesleyan

Enrollment form

Student's Name \_\_\_\_\_

WesID \_\_\_\_\_

Major \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Courses taken so far for the Certificate and grades:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Academic Advisor for CJIS: \_\_\_\_\_

Signature of the CJIS Advisor: \_\_\_\_\_

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