

# Certificate in Holocaust Studies Course Contract

Student Name:

Home Institution:

Certificate Granting Institution:

Phone Number:

Email:

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## Course Information

Undergraduate course requiring additional coursework relevant to Certificate

Graduate course requiring contract outlining coursework relevant to Certificate

Course:

Instructor:

University:

Semester:

**Supplementary work - explain how the course will be adjusted and supplemented to meet the learning objectives of the Certificate in Holocaust Studies. (Extra assignments, extra readings, term paper, other)**

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Student Signature

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Instructor Signature

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## Approval

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Academic Adviser  
(Home Institution)

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Academic Adviser  
(Certificate Granting Institution)

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CHS Executive Representative

Date:

Contract should be completed by professor, signed by the student, the professor and the student's academic adviser. Fax completed form to the Midwest Center for Holocaust Education at 913-327-8193.