Undergraduate Minor in Museum Studies

Intake Form

www.udel.edu/museumstudies

IMPORTANT! To apply for admission to the program, please return this form to:
Museum Studies Program, 77 East Main Street, Newark DE 19711. (302) 831.1251

Name: ____________________________________________________________ Today’s Date: ____________________

Local Address: ____________________________________________________

City/State/Zip: ____________________________________________________________________________________

Student ID # ______________________________________________________ Req ID for Minor ____________

Permanent Address: __________________________________________________

City/State/Zip: ____________________________________________________________________________________

Home Phone: ___________________________ Cell Phone: ___________________________

E-mail Address: ____________________________________________________________________________________

Prior Education – Institution, Degree(s)/Major(s) & completion dates:
_______________________________________________________________________________________________

UD Program & Department you are entering: _________________________________

Advisor: _______________________________________________________________

Enrollment Date: Fall ____ Spring ____ Expected Graduation Date: _______

Race/Ethnicity: Do you identify as American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White or European Descent.

I identify my gender as: ____________________________

University of Delaware
Museum Studies Certificate Program

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