

The University of Chicago
DEPARTMENT OF NEAR EASTERN LANGUAGES AND CIVILIZATIONS

NELC Concentration in the College

Name _____ Student ID Number _____

Address _____ Phone _____

E-mail Address _____ College Adviser _____

Anticipated Graduation Date (Quarter and Year) _____

_____ My College adviser has entered NELC as my **primary** concentration.

_____ My College adviser has entered NELC as my **secondary** concentration.

_____ I am interested in a NELC minor: _____ language track; _____ culture/civilization track

Date Submitted _____

Note: Please let us know if you change your concentration!