

**UCSB DEPARTMENT OF ENGLISH
INDEPENDENT SPECIALIZATION CERTIFICATION REQUEST**

Student name: _____ Perm. Number: _____

Email/Local Phone Number _____

Quarter of expected graduation: _____

Faculty Advisor: _____

Specialization Title: _____

Description & Rationale for Independent Specialization: What is the focus of the Independent Specialization, and how does it recognize your literary interests in a way not available otherwise in the department? (Attach sheet if necessary)

List below the proposed course plan for the specialization, as agreed upon in consultation with your faculty advisor, to fulfill the above Independent Specialization's requirements. **Four** of the elective courses below must be completed to finish your Independent Specialization. You should confirm your faculty advisor's general approval for your course plan before beginning your work. Once course work has been completed, turn this form in to the English Undergraduate Advisor with the required signatures to request certification in the independent specialization.

English UD Elective Courses (at least four required):

_____	_____
_____	_____
_____	_____
_____	_____

Faculty Advisor's Signature

Date

Student's Signature

Date

See English department website at www.english.ucsb.edu or the general catalog for a listing of courses and descriptions.