

# Colby

## Academics

### Global Studies Concentration Curriculum Plan

Name:  Class Year:

Campus Phone Number:  Campus Box:

E-mail Address:

Concentration:

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**Elective Courses:** Four courses from one regional concentration; at least four electives from the functional or policy concentration menu in the catalogue.

Course #	Course Title	Semester
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Language Training:** (A regional concentration must be coordinated with foreign study where Colby offers an appropriate program. Course # must be above 127/8.)

Course #	Course Title	Semester
<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Foreign Study:**

Foreign Study Program	Semester(s)
<input type="text"/>	<input type="text"/>

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**Senior Seminar or Project:** (must address issues in the chosen area)

Course #	Course Title	Semester
<input type="text"/>	<input type="text"/>	<input type="text"/>

OR

**Title of Final Project**