

**Application for
COMPLETION
of the Interdisciplinary Concentration and Certificate in Historic Preservation**

Name: _____ UF ID: _____
 Phone #: _____ Email: _____
 Department and College: _____
 Projected Semester and Year of Graduation: _____

I, _____, apply to be awarded the Interdisciplinary Concentration and Certificate in Historic Preservation from the Graduate School at the University of Florida, and certify I have completed the following courses:

_____ *Option 1: Preservation Institute: Nantucket or Preservation Institute: New York*

| Course # | Title | Credits | Semester | Grade |
|----------|---|---------|----------|-------|
| Required | | | | |
| DCP 6710 | Introduction to Historic Preservation | 3 | | |
| PI:N | | | | |
| ARC 5800 | Survey of Architectural Preservation | 3 | | |
| ARC 5810 | Techniques in Architectural Documentation | 3 | | |
| ARC 6805 | Architectural Conservation | 3 | | |

_____ *Option 2: Approved Preservation Courses*

| Course # | Title | Credits | Semester | Grade |
|-------------------------|---------------------------------------|---------|----------|-------|
| Required | | | | |
| DCP 6710 | Introduction to Historic Preservation | 3 | | |
| Approved History Course | | | | |
| | | | | |
| Other | | | | |
| | | | | |
| | | | | |

*** Please note for Option 2: At least one course must be outside of your department and another must be outside your college.*

I certify that the above information is true.

Applicant Date

Advisor Date

ICCHP Board Action (Approved, Approved with Conditions, Denied) Date

Chair, ICCHP Governing Board Date

Include your permanent address below so we can mail you your certificate.

Student's Permanent Address: _____