

Certificate in Documentary Studies

Application Form

Duke University Office in Continuing Studies and Summer Session and the Center for Documentary Studies at Duke University

Today's Date: _____
Name: _____
Home address: _____
City/State/Zip: _____
Daytime phone: _____
Evening phone: _____
Fax: _____
E-mail: _____

Enrollment Fee

_____ I have enclosed a check for \$60, made payable to *Duke University*
or _____ Please bill my credit card: _____ Visa _____ MC
Card #: _____
Expiration date: _____
Name on card: _____
Signature: _____

NOTE: Please do not send checks or credit card information to the Center for Documentary Studies. Duke Continuing Studies, at the address below, processes payment and registration.

Statement of Interest

Please write a brief statement (75–250 words) describing work experience, academic training, and goals for the program. Either fax it (919-681-8235) or mail it with this form to:

Certificate in Documentary Studies
Duke University Office of Continuing Studies and Summer Session
Box 90703
Durham, NC 27708-0703

For more information on the Certificate Program in Documentary Studies, contact:

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Center for Documentary Studies
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