



Office of the Registrar • 206 Lipinsky Hall • 828-250-3838

Declaration of ILS Topical Cluster

This form must be submitted to the Office of the Registrar upon completion of the ILS Topical Cluster.

Full Name _____ SID# _____
UNCA E-mail address _____ Advisor _____
Major _____ Expected Graduation Date _____

Cluster Title and Number _____

__ This is a change from the Topical Cluster listed on my Intended ILS Topical Cluster form.

Courses used to satisfy Topical Cluster requirement:

ILSN _____
Course prefix, number, section, and title Instructor Semester Completed

ILSS _____
Course prefix, number, section, and title Instructor Semester Completed

Elective _____
Course prefix, number, section, and title Instructor Semester Completed

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Cluster Coordinator Signature _____ Date _____

Received in Registrar's Office by _____ Date _____