Minor Declaration and Audit Form

□ Declaration  Declaration form: to be completed upon first declaring a minor. Audit form: to be completed before entering the baccalaureate year.
□ Audit

Name (please print) _______________________________ ID# _______________________________ Current Faculty Advisor _______________________________

Major (if declared) _______________________________ W S □  H O □  Anticipated Graduation Year __________

Check one:  □ First minor  □ Second minor  □ Change of minor, old minor __________

Aesthetics minor  interdisciplinary, 5 courses

At least 3 courses must be unique to the minor. All courses for the minor must be completed with a grade of C- or better. Courses taken for Credit/No Credit are not accepted toward the minor.

<table>
<thead>
<tr>
<th>Check if unique</th>
<th>Check if completed</th>
<th>Planned semester</th>
<th>Course</th>
<th>Notes, substitutions, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>_______</td>
<td>PHIL 230</td>
<td></td>
</tr>
</tbody>
</table>

Arts Focus 1: __________
At least one course must contain a theory component and at least one course must contain a studio component (these may be the same course, in the case of a combined theory and studio course).

| ☐               | ☐                  | _______          | _______ |                             |

Arts Focus 2: __________
At least one course must contain a theory component and at least one course must contain a studio component (these may be the same course, in the case of a combined theory and studio course).

| ☐               | ☐                  | _______          | _______ |                             |

Comments:

Minor Certification

We agree that the successful completion of the program of courses indicated above will constitute an acceptable minor.  (Compliance with uniqueness rules and other requirements will be confirmed by the Registrar.)

Student signature _______________________________ Date __________

Minor Advisor (printed) _______________________________

Minor Advisor (signed) _______________________________ Date __________

Department or Program Chair signature _______________________________ Date __________