

Declaration Declaration form: to be completed on first declaring a major. Audit form: to be completed before entering the baccalaureate year.  
 Audit *The Audit form is one of three*

Name (Please Print) \_\_\_\_\_ ID# \_\_\_\_\_ Current Faculty Advisor \_\_\_\_\_  
 Major (if declared) \_\_\_\_\_  Disciplinary  Interdisciplinary  
 Check one:  First minor *from the Catalogue or Guide to Majors and Minors*  
 Second minor  
 Change of minor, old minor \_\_\_\_\_

**Africana Studies 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. The perspective groups within this minor include: historical (required), contemporary, artistic/literary, anthropological, and comparative.

Check if unique	Check if completed	Planned semester	Course	Notes, substitutions, etc.
One approved introductory course				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
One course incorporating an historical perspective drawn from the African or African-American concentrations				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
One course incorporating another perspective drawn from the African or African-American concentrations, chosen in consultation with an advisor				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
One course incorporating a third perspective drawn from the African or African-American concentrations				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
One additional course from the African or African-American concentrations				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

**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 to be confirmed by Registrar.)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Minor Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Department or Program Chair Signature \_\_\_\_\_ Date \_\_\_\_\_