

Major Declaration and Audit Form Hobart and William Smith Colleges

10/1/2000

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 Advisor _____
 Major Advisor _____ Primary major advisor? First major? Second major?
 If you are changing your major, what was your old major? _____

Anthropology-Sociology BA

disciplinary, 10 courses

At least 6 courses must be unique to any major. All courses for the major must be completed with a grade of C- or better.

Check if unique	Check if completed	Planned semester	Course	Notes, substitutions, etc.
Required courses for all majors				
<input type="checkbox"/>	<input type="checkbox"/>	_____	ANTH110	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	SOC 100	_____
A combination of three courses from department core offerings (ANTH 273, ANTH 306, SOC 211, SOC 212, and SOC 300) that includes both anthropology and sociology as well as both theory and methods				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Two anthropology electives				
<input type="checkbox"/>	<input type="checkbox"/>	_____	ANTH__	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	ANTH__	_____
Two sociology electives				
<input type="checkbox"/>	<input type="checkbox"/>	_____	SOC __	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	SOC __	_____
Either an anthropology or sociology seminar				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Comments:

Major Certification

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

Student Signature _____ Date _____
 Advisor Signature _____ Date _____
 Department or Program Chair Signature _____ Date _____