Declaration and Audit Form  
Hobart and William Smith Colleges  
08/01/16  

☐ Declaration  
☐ Audit

Declaration form: to be completed on first declaring a major. Audit form: to be completed before entering the senior year.

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

Major Advisor ___________________________  
☐ Primary major advisor?  
☐ First major  
☐ Second major

If changing your major, what was your old major?_________________________  
HO  
WS  
Anticipated Grad Date: ___________________________

Mathematics BA  
disciplinary, 11 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. Credit/no credit courses may not be counted toward the major. This major will also include a capstone experience, the details of which will be forthcoming.

<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>
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<td>CPSC 124</td>
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<td>MATH 135</td>
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<td>MATH 232</td>
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Concentration: either MATH 331 or MATH 375

|                               |                      |                  | MATH___     |                            |

Two courses at or above MATH 200

|                               |                      |                  | MATH___     |                            |
|                               |                      |                  | MATH___     |                            |

Two courses at or above MATH 300

|                               |                      |                  | MATH___     |                            |
|                               |                      |                  | MATH___     |                            |

Two additional courses from: MATH 131 or above, or CPSC 220 or above

|                               |                      |                  |             |                            |
|                               |                      |                  |             |                            |

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 will be confirmed by the Registrar.)

Student signature ___________________________  
Date ___________________________

Major Advisor signature ___________________________  
Date ___________________________

Department or Program Chair signature ___________________________  
Date ___________________________