

# Major Audit Form

# Hobart and William Smith Colleges

4/12/2005

The Major Audit Form is to be completed prior to entering the baccalaureate year to provide a specific plan for completion of the requirements of the major. It is one of three forms comprising the Baccalaureate Plan which is part of your permanent academic record.

\_\_\_\_\_  
 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? \_\_\_\_\_

## 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.

Check if unique	Check if completed	Planned semester	Course	Notes, substitutions, etc.
Mathematics core courses				
<input type="checkbox"/>	<input type="checkbox"/>	_____	CPSC124	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	MATH135	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	MATH204	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	MATH232	_____
Concentration: either mathematics MATH 331 or MATH375				
<input type="checkbox"/>	<input type="checkbox"/>	_____	MATH__	_____
Two courses at or above Math 200				
<input type="checkbox"/>	<input type="checkbox"/>	_____	MATH__	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	MATH__	_____
Two courses at or above Math 300				
<input type="checkbox"/>	<input type="checkbox"/>	_____	MATH__	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	MATH__	_____
Two additional courses from: Math 131 or above or CPSC 225 or above				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<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 \_\_\_\_\_