Minor Declaration and Audit Form

Hobart and William Smith Colleges

3/22/12

☐ Declaration
☐ Audit

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

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

Major (if declared) ___________________________ WS ☐ HO ☐ Anticipated Graduation Year __________

Check one:
☐ First minor
☐ Second minor
☐ Change of minor, old minor ___________________________

Cognition, Logic and Language minor

interdisciplinary, 6 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. No more than three courses from a single department may be counted. At least three of the six courses must be at the 200-level or above.

<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>Two courses from Core Area 1 (please specify area): ____________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two courses from Core Area 2 (please specify area): ____________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two Electives: ____________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 __________