Minor Declaration and Audit Form

Hobart and William Smith Colleges

02/06/2014

☐ 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 __________________________

Theatre disciplinary minor disciplinary, 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. At least three courses must be at the 200-level or above. No more than one independent study in theatre may be counted. With the exception of THTR 900, courses taken for Credit/No Credit cannot be counted toward the minor.

<table>
<thead>
<tr>
<th>Check if</th>
<th>Check if</th>
<th>Planned</th>
<th>Course</th>
<th>Notes, substitutions, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>unique</td>
<td>completed</td>
<td>semester</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required courses:</td>
<td></td>
<td></td>
<td>THTR 100</td>
<td></td>
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<tr>
<td>□</td>
<td>□</td>
<td>_______</td>
<td>THTR 130</td>
<td></td>
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</tbody>
</table>

One course in dramatic literature, history or theory:

□ □ _______ THTR

One course in theatrical performance and production:

□ □ _______ THTR

One additional course from either group:

□ □ _______ THTR

THTR 900 or an additional elective:

□ □ _______ THTR

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 ____________