

Major Declaration and Audit Form

Hobart and William Smith Colleges

12/11/2012

- Declaration
- Audit

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? _____

Women's Studies BA

interdisciplinary, 10 courses

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

Check if unique	Check if completed	Planned semester	Course	Notes, substitutions, etc.
<input type="checkbox"/>	<input type="checkbox"/>	_____	WMST100	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	WMST300	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	WMST401	_____

Six women's studies electives that create an area of concentration and include courses in at least four disciplines and two divisions. Concentration: _____

<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

One course in methodology, either WMST 305 or WMST 323 or other as approved by the program

<input type="checkbox"/>	<input type="checkbox"/>	_____	WMST _____	_____
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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 _____