## Minor Declaration and Audit Form

### Hobart and William Smith Colleges

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

- **Audit**

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

### Critical Sexuality and Queer Studies minor

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 1 course taken for a CR grade may be counted toward the minor.

<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>Introductory course:</td>
<td></td>
<td></td>
<td>CSQS 101</td>
<td></td>
</tr>
<tr>
<td>CSQS 202 or CSQS 209:</td>
<td></td>
<td></td>
<td>CSQS</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** At least one of the following must be an LGBT/CSQS course at 300-level or higher. A cross-listed 300-level Focus or Context course may be substituted upon approval by adviser.

- One course from the Core or Focus groups:
  - □  □  ________  ________  ____________________________

- Two courses from the Core, Focus, or Context groups:
  - □  □  ________  ________  ____________________________
  - □  □  ________  ________  ____________________________

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 __________