Major Declaration and Audit Form

- Declaration
- Audit

Hobart and William Smith Colleges
08/01/2020

Declaration form: to be completed on first declaring a major. Audit form: to be completed before entering the senior year.

Name (please print) ___________________________________________ ID# ____________________________ Current Faculty Advisor ____________________________

Major Advisor ____________________________ □ Primary major advisor? □ First major □ Second major □ HO □ WS

If changing your major, what was your old major? ____________________________ Anticipated Grad Date: __________

French and Francophone Studies: Parcours Multiculturels Track BA disciplinary, 10 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. All courses numbered FREN 225 or above count for the major. All students in this track are strongly encouraged to participate in the Saint-Louis semester abroad program. No more than one French/Francophone literature/culture course taught in English may count toward the major. Students must also complete the senior portfolio requirement. All courses must be taken in the department.

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<th>Check if unique</th>
<th>Check if completed</th>
<th>Planned semester</th>
<th>Course</th>
<th>Notes, substitutions, etc.</th>
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To be completed before the senior year.

One FREN 200- or 300-level course:

□ □ □ FRE □

Two FREN 300-level Francophone courses; one must be taken in the senior year:

□ □ □ FRE □

□ □ □ FRE □

Three French & Francophone Studies electives selected in consultation with the advisor:

□ □ □ □ □ □ □ □ □ □

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 will be confirmed by the Registrar.)

Student signature ____________________________________________ Date _____________

Major Advisor (printed) ________________________________________

Major Advisor signature ________________________________________ Date _____________

Department or Program Chair signature ____________________________ Date _____________