Minor Declaration and Audit Form

Hobart and William Smith Colleges

04/16/2013

□ 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

Health Professions minor

interdisciplinary, 6 courses

All 6 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 two 100-level courses may be used to satisfy the minor. No more than two Skills Courses/Experiences may be used for the minor. Credit/no credit courses 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>
</tbody>
</table>

One Foundations Course

□ □ __________ __________ __________________________

Three courses in a specified Concentration; specify here: __________________________

Courses must be from at least two different disciplines.

□ □ __________ __________ __________________________

□ □ __________ __________ __________________________

□ □ __________ __________ __________________________

One additional course

□ □ __________ __________ __________________________

One additional course which may be a GGH Internship or EMT certification

□ □ __________ __________ __________________________

Internship/Certification completion

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 __________