

# Major Declaration and Audit Form Hobart and William Smith Colleges

10/1/2000

Declaration Declaration form: to be completed on first declaring a major. Audit form: to be completed before entering the baccalaureate year.  
 Audit *The Audit form is one of three*

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? \_\_\_\_\_

## American Studies BA

**interdisciplinary, 12 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.

Check if unique	Check if completed	Planned semester	Course	Notes, substitutions, etc.
Required courses for all majors				
<input type="checkbox"/>	<input type="checkbox"/>	_____	AMST100	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	AMST101	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	AMST201	_____
Two courses from the American Studies introductory courses group				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Six courses from the American Studies advanced courses group. These must be selected to create a balance of humanities and social science division courses. Five of these courses must focus on a student defined topic.				
Topic: _____				
<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"/>	_____	_____	_____
Senior seminar				
<input type="checkbox"/>	<input type="checkbox"/>	_____	AMST465	_____

**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 \_\_\_\_\_