Minor Declaration and Audit Form  

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

□ Audit

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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 ____________

Civic Engagement and Social Justice interdisciplinary, 6 courses

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 one course taken for Credit/No Credit may be applied toward the minor. At least two courses must be at the 300-level or above.

<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>
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</table>

Foundational course: Foundations of Social Justice:

□ □ ______ SJSP 100 ________________________________

One course on Theoretical Perspectives on Social Justice:

□ □ ______ ________________________________

Community-based research course:

□ □ ______ SJSP 101 ________________________________

Two courses from more than one discipline with SLC/CBR designation:

□ □ ______ ______ ________________________________

□ □ ______ ______ ________________________________

Seminar with community-based research or Geneva Collaborative Internship:

□ □ ______ ______ ________________________________

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Comments:

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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 ____________