Minor Declaration and Audit Form  Hobart and William Smith Colleges  9/25/13

☐ 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) ____________________________  Anticipated Graduation Year ____________

Check one:  ☐ First minor  ☐ Second minor  ☐ Change of minor, old minor

Child Advocacy minor ____________________________  interdisciplinary, 5 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 three courses in any one department may count toward the minor. No more than two courses with a CR grade may count 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>
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One development core course:

| ☐               | ☐                  |                  |        |                             |

One family and other social contexts core course:

| ☐               | ☐                  |                  |        |                             |

One strategies for child advocacy course:

| ☐               | ☐                  |                  |        |                             |

Two core or elective courses reflecting a coherent theme. Theme: ____________________________

| ☐               | ☐                  |                  |        |                             |

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 ____________