Minor Declaration and Audit Form
Hobart and William Smith Colleges

□ 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 __________________________

History minor __________________________________________ disciplinary, 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 two 100-level courses may count toward the minor. Included in the 5 courses must be courses in at least two geographic areas. Credit/no credit courses cannot be counted 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>
</tr>
</thead>
<tbody>
<tr>
<td>At least one 100-level introductory history course:</td>
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<td>________</td>
<td>HIST 1</td>
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</table>

EUST 102 and ASN 101 may substitute for introductory history courses

At least one 300-level or higher history course:

□ □ ________ HIST __________________________

Three additional history courses, not more than one at the 100 level:

□ □ ________ HIST __________________________

□ □ ________ HIST __________________________

□ □ ________ HIST __________________________

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 ____________