

Name (Please Print) \_\_\_\_\_

ID# \_\_\_\_\_

Current Advisor \_\_\_\_\_

Declaration  Audit

Major (if declared) \_\_\_\_\_

Minor Advisor (Please Print) \_\_\_\_\_

First minor?

Second minor?

Anticipated Grad Year \_\_\_\_\_

If you are changing your minor, what was your old minor? \_\_\_\_\_

**Peace Studies minor**

**interdisciplinary, 7 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. Courses taken for Credit/No Credit may not be counted toward the minor.

Check if unique	Check if completed	Planned semester	Course	Notes, substitutions, etc.
One foundation course: PCST 201 or WMST 372:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Core course from Group A. Provides theoretical foundation for the study of peace, justice and conflict in at least one disciplinary tradition (see approved list in catalogue).				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Core course from Group B. Provides observation & experiential learning relevant to peace-maker role and/or incorporates a substantial community service requirement. Advisor must approve content of comm. service component (see approved list in catalogue).				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Two electives from group 1 or 2 (see approved list in catalogue):				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Two one-half unit supervised community service practica or one supervised full credit internship:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	PCST 399	_____
Senior independent project:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	PCST 450	_____

**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 (signed) \_\_\_\_\_

Date \_\_\_\_\_

Department or Program Chair signature \_\_\_\_\_

Date \_\_\_\_\_