

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

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

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

☐ Declaration ☐ AuditMajor Advisor (Please Print) \_\_\_\_\_ ☐ First major? ☐ Second major? Anticipated Grad Year \_\_\_\_\_

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

**French and Francophone Studies: Interdisciplinary BA****interdisciplinary, 14 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. All courses numbered FRE 225 or above count for the major. The major consists of 8 departmental courses and 6 courses from other disciplines. Upon declaring this major, the student selects an area of concentration. No more than one French/Francophone literature/culture course taught in English may count toward the major. Students must also complete the senior portfolio requirement.

Check if unique	Check if completed	Planned semester	Course	Notes, substitutions, etc.
Two FRE 240-level courses:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	FRE _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	FRE _____	_____
Two FRE 250-level courses taken before the senior year:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	FRE _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	FRE _____	_____
Two FRE 300-level courses:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	FRE _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	FRE _____	_____
Two French & Francophone Studies electives selected in consultation with the advisor:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Six courses from other disciplines chosen according to the interdisciplinary area of concentration selected in consultation with the advisor:				
<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"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

**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 will be confirmed by the Registrar.)

Student signature \_\_\_\_\_

Date \_\_\_\_\_

Major Advisor (printed) \_\_\_\_\_

Major Advisor signature \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_