

RHODES COLLEGE

DECLARATION OF MINOR FORM

Student's Name: _____

Graduation month and year: _____ Rhodes ID Number: R _____

This form must be filed no later than beginning of the first semester of the senior year. Two (2) copies of this form should be completed, one copy being filed with the minor department or program and one copy with the Registrar. A student should plan, with a faculty advisor, the course of study which will complete the chosen minor. All official records of a student's progress at the college are kept by the Registrar; this form is for purposes of advising only and in no way binds either the student or the College to the plan set forth.

Proposed minor: _____

Catalog year of the minor requirements to be followed: _____

Courses required for minor: (Please indicate those courses already taken by checking the box preceding the course. Department and course number are required for each course.)

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <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"/> _____ |

Check here if you will have a double minor: _____
(Separate declaration forms must be completed for each minor.)

Declared major(s): _____

Major track (if applicable): _____

(At least four (4) courses used to satisfy minor requirements must be outside the major department, nor can the same courses be used to satisfy requirements in two minors.)

If this declaration of minor affects your previously declared major(s), please indicate change to be made. A new Declaration of Major may be necessary. _____

Catalog year of the degree program you are following: _____

Student Signature: _____ Date: _____

Signature of Chair of Minor Department or Program: _____

Signature of Student's Major Advisor: _____

Signature of Student's Minor Advisor: _____
(if applicable)

(REGISTRAR'S OFFICE COPY)

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<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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(if applicable)

(MINOR DEPARTMENT OR PROGRAM COPY)