

# Elliott School of International Affairs

THE GEORGE WASHINGTON UNIVERSITY

## Minor Declaration Form

Name: \_\_\_\_\_ GWid: \_\_\_\_\_

GW Email: \_\_\_\_\_@gmail.gwu.edu

**Action Requested:**

 **Add Minor**
 **Drop Minor**
 **Revise Minor**

**Minor:** \_\_\_\_\_

**School/Dept. Advisor:** \_\_\_\_\_

- A minor must first be approved by the designated school or departmental advisor, then by the Elliott School.
- You should consult the school or departmental advisor regarding special substitutions and transfer credit related to the minor.
- Minors in CCAS are subject to the following policies: (a) at least six credits of required course work must be done in residence at GW; (b) grades of C- or better must be earned in upper-division courses; (c) courses passed with a grade below C- may be used to fulfill a minor curricular requirement, but may not be counted toward the total number of credit hours required for the minor.
- A minor in another school is subject to that school's policies, as outlined in the University Bulletin.

Submit completed and signed form to your assigned Elliott School advisor or [advising@gwu.edu](mailto:advising@gwu.edu).

| Subject | Course Number | Course Title | Sem/Year | Credits | Does this course have a Pre-Req (Y/N) |
|---------|---------------|--------------|----------|---------|---------------------------------------|
|         |               |              |          |         |                                       |
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|         |               |              |          |         |                                       |

*I have reviewed the requirements of this program with the department/school advisor and I understand what I must do to complete this minor.*

\_\_\_\_\_  
Student Signature \_\_\_\_\_  
Date

**Departmental or School Approval:**

\_\_\_\_\_  
Name (Please Print) \_\_\_\_\_  
Authorized Signature \_\_\_\_\_  
Date

**Elliott School Approval:**

|              |  |  |  |  |  |
|--------------|--|--|--|--|--|
| <b>CODE:</b> |  |  |  |  |  |
|--------------|--|--|--|--|--|

\_\_\_\_\_  
Authorized Signature \_\_\_\_\_  
Date