

## Declaration of Minor Form

Student Information			
Last Name		First Name	
GWID		GW Email	@gmail.gwu.edu
SEAS Major		Degree	<input type="checkbox"/> B.A. <input type="checkbox"/> B.S.

Minor	
Action Requested	<input type="checkbox"/> Add <input type="checkbox"/> Drop

Minor Course Requirements			
Subject	Course No.	Course Title	Cr Hrs

**SPECIAL NOTE:** For any GWSB minors this form does not require minor advisor's signature. In lieu of the signature, please attached a copy of the of the curriculum requirements before submitting your SEAS faculty advisor for review.

**Read before signing** I have reviewed the requirements of this program with the minor advisor and my SEAS faculty advisor, and I understand what I must do to complete this minor. Any revisions must be approved in writing.

Required Signatures				
Student Signature			Date	
Minor Advisor Signature		Last Name	Date	
SEAS Faculty Advisor Signature		Last Name	Date	