DECLARATION OF MAJOR/MINOR

CCAS Undergraduate Services Office 801 22nd St, NW Phillips Hall 107 Washington, DC 20052 Phone: (202) 994-6210 Fax: (202) 994-6213



Phone: (202) 994-6210 Fax: (2	02) 994-6213	Today's Date			
Major/Minor approval is granted by de relevant individual(s) to fill out this docu					
Name:		GW	/id:		
Last Name	First Name	M.I.			
Daytime Phone:	GW	E-mail:		@gwmail.gwu.edu	
Name of Major(s)		A □ BS □ BFA .dd □ Drop □ Keep		aculty Advisor	
Concentration (if applicable):					
	□В	A □ BS □ BFA .dd □ Drop □ Keep)		
Concentration (if applicable):			Double major (two major: *Double degree (two major		
Name of Minor(s)			Name of Fa	aculty Advisor	
		.dd □ Drop □ Keep)		
	 □ A	.dd □ Drop □ Keep			
To declare a major	or minor, the approved P	lan of Study must be c	ompleted on side 2 of	this form.	
Degree Code Major C		Major Code Minor C	Code Secon	office nd Minor Code Use Only	
Double Degree:					
	Double	major CCAS /	Approval	Date	
Degree Code Major (Code Double	degree			

This **Tentative Plan of Study** for the major or minor is an informal document. Discuss major or minor requirements with your faculty. Please check all relevant policies, including: (a) minimum of 60 hours outside the major department; (b) no grade below C- in upper-level courses (some departments require all courses to be a C- or higher); (c) no required coursework for the major or minor may be taken P/NP

Tentative Plan of Study for an Undergraduate Major or Minor Semester/Yr. Department & Course Title GW or Transfer				
Example: Fall 20xx	Math 1231, Calculus I	GW or Transfer		
	iviatii 1231, Calculus i	GW		
_				
	the <i>University Bulletin</i> are allowed but not listed of the changes are communicated by the faculty officially			
	D (
Please note: Certain de	Departmental Approval(s) partments may require a faculty advisor's approval in addition to	that of the department.		
partment Approval (1st Major/N	1inor):	Date:		
partment Approval (2nd Major/	Minor):	Date:		
ave reviewed the requirement	s for the major(s) and the minor(s) (where appl	icable) as stated in the sur		

Date: _____

Student Signature: