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: (202) 994-6213	Today's Date				
		Major/Minor approvals. To dec e completed and signed it, retu				
Name:			_GWid:			
Last Name	First Name	M.I.				
Daytime Phone:		GW E-mail:		@gv	vmail.gwu.edu	
Name of Major(s)		□ BA □ BS □ □ Add □ Drop □	BFA	Name of Faculty A		
Concentration (if applicable)	:					
		□ BA □ BS □ □ Add □ Drop □	BFA Keep			
Concentration (if applicable)	:		Double r	ist two majors, mark one o major (two majors, one degr degree (two majors, two deg *requires separate app	ree, 120 hrs.) rees, 150 hrs.)	
Name of Minor(s)				Name of Faculty	Advisor	
		□ Add □ Drop □	Кеер			
		□ Add □ Drop □	Keep			
To declare o	a major or minor, the app	proved Plan of Study mus	st be complete	d on side 2 of this for	m.	
		Second Major Code M Concentration Code	Ainor Code	Second Mino	office r Code Use Only	
Double Degree: Degree Code	Major Code	Double major (CCAS Approva	al	Date	

This **Suggested Plan of Study** is an opportunity for you to discuss with your faculty all of the major or minor requirements and draft a tentative academic plan to meet those requirements. Although this is an informal document, it is your responsibility to communicate changes to your academic plan with your advisors. Please check all relevant policies, including: (a) **minimum of 12 credits in upper-level major coursework** and/or at least 6 credits of upper-level minor coursework must be completed in residence; (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**.

Example:	Semester: Fall 2018		Credits	
Example.	MATH 1231 (Single-\	/ariable Calculus I)	3.00	
Semester:	Credits:	Semester:	Semester [*]	
		Jemester		Credits:
	<u> </u>			
Comparton	Cua dita	Compostory		Cup dita
Semester:	Credits:	Semester:		Credits:
Semester:	Credits:	Semester:		Credits:
Semester:	Credits:	Semester:		Credits:
If changes to the requirements responsibility to ensure that the	se changes are commu	nicated by the faculty of mental Approval(s)	fficially through Deg	угееМАР.
Department Approval (1st Ma	_ Date:			
Department Approval (2nd Ma	_ Date:			
I have reviewed the require	ments for the major(s) and the minor(s) (w	here applicable) as	stated in the current

Date: ____

University Bulletin and understand what I must do to meet them.

Student Signature:____