

Please Note: Major must be declared <u>before</u> Declaration of Minor. Complete TWO copies of this minor form. Leave one copy with the department and submit the other to the Registrar's Office.

Skidmore ID#:		Name:				
Class Year:	Email:			CUM GPA:		
Minor:		Major				
-	concentration (check): [Affairs Regional Concentrati	_		form.		
COURSES ALREA	ADY TAKEN THAT COUNT T	OWARD THE CHO				
* AT SKIDMORE *				* AT ANOTHER INSTITUTION *		
Course #	Title	Grade	Institution	Title	Grade	
List any of the	above courses that will als	o count toward yo	our major requirement (	no more than a two-cou	rse overlap).	
I accept the re	esponsibilities and obligation	ons of maintaining	a 2.0 in the minor cours	ses.		
Date						
	to this student and give my n at another institution to		•		courses listed	
Date	Print Department C	Print Department Chair Name		Department Chair's Signature		
Date	Print Major Advisor's Name		Major Advisor's	Major Advisor's Signature		

Revised: 02/2021