



DECLARATION OR CHANGE OF MINOR FORM

First Name _____ Middle _____ Last Name _____

Class _____ E-Mail Address _____ Date _____

Purpose of this form: **To declare a minor** **To declare a certificate** **To drop a minor**

AFRAM * Afr Am/African Studies

AMST American Studies

ANCST Ancient Studies

ANTHR Anthropology

ARTH Art History

ARTST Art Studio

ASIAN Asian Studies

ASTR Astronomy

BIOL Biology

CHEM Chemistry

CHNS Chinese

CLASS Classics

COMOR Complex Organizations

COMSC Computer Science

CST Critical Social Thought

DANCE Dance

ECON Economics

EDUC * Education –Licensure

Level _____

Educational Studies use individualized form located on the Registrar’s website at: http://www.mtholyoke.edu/offices/reg/assets/Registrar/edust_minor.pdf

ENGL English

ENVST Environmental Studies

European Studies use individualized form located on the Registrar’s website at: http://www.mtholyoke.edu/offices/reg/assets/Registrar/eurst_mnr.pdf

FLMST * Film Studies

FREN French

GEOG Geography

GEOL Geology

GNDST * Gender Studies

GREEK Greek

GRMST German Studies

HIST History

JPNS Japanese

JWST Jewish Studies

ITAL Italian

LATAM Latin American Studies

LATIN Latin

MATH Mathematics

Medieval Studies use individualized form located on the Registrar’s website at: http://www.mtholyoke.edu/offices/reg/assets/Registrar/medst_mnr.pdf

MUSIC * Music

PHIL Philosophy

PHYS Physics

POLIT Politics

PSYCH Psychology

RELIG Religion

RES Russian/Eurasian Studies

RESC Russian Culture & Literature

RESL Russian Language & Literature

ROMLG Romance Language

SOCI Sociology

SPAN Spanish

STAT Statistics

THEAT Theater Arts

* requires signature of department

Five College Certificate

5CAP Asian/Pacific/Amer Studies

5CAS African Studies

5CBD Buddhist Studies

5CCN Cognitive Neuroscience

5CMS Coastal/Marine Sciences

5CCHS Culture/Health/Science

5CIR International Relations

5CLA Latin American Studies

5CLOG Logic

5CME Middle Eastern Studies

5CNAI Native American Indian St

5CRES Russian East Eur/Eurasian St

Signature of Department Chair: _____

*Requires signature of department