

NEXUS PLAN OF STUDY

Mount Holyoke College

1. Student Name:	Nexus Track:
MHC Major: Double Major:	Class YR:
Email:	
2. Area of interest: please write one or two sentences.	

3. Nexus Requirements	Dept.	Course #	Course Name	Faculty	Semester to be completed
100/200-Level Course					
200-Level Course					
200-Level Course					
300-Level Course					
Internship or Research Project	Completed Term:		To be Completed Term:		
	Description:		Location:		
COLL 211	Completed Term:		To be Completed Term:		

4. Have you declared your Nexus by submitting a declaration of minor form to the registrar's office Y N

5. Have you presented at the LEAP Symposium? Y N

6. Did you have an advising meeting? Y N Advisor Name: _____

Nexus Director/Track Chair Signature: _____ **Date:** _____

Submit your completed, signed form to the
Nexus Coordinator, Katie Walker (kwalker@mtholyoke.edu) or Dwight 217G.