



**WILLIAM  
& MARY**  
CHARTERED 1693

William & Mary  
Office of the University Registrar  
Blow Memorial Hall Room 124  
PO Box 8795  
Williamsburg, VA 23187-8795  
(757) 221-2800 Fax-(757) 221-2151  
registrar@wm.edu

## DECLARATION OF ACADEMIC MINOR

*(Completed form to be submitted to the Office of the University Registrar prior to the last day of add/drop in their final semester.)*

Student's Name: \_\_\_\_\_ Student ID No.: \_\_\_\_\_

Cell/Local Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**Note: Students with two majors may not declare a minor. Student's minor must differ from declared major.**

Major \_\_\_\_\_

I request that the following courses be used to fulfill the requirements for a minor in:

\_\_\_\_\_

*I understand that if the courses to be used to apply toward my minor: are transferred to William & Mary after matriculation; are elective credits; or are not labeled as a course(s) that can meet the requirements of this minor, as outlined in the catalog, then the approval of the Committee on Degrees is attached.*  
<http://www.wm.edu/as/undergraduate/resources/index.php>

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### Courses Counted Toward Minor

Subject and Number	Title	Credits	Circle One	Term
			W&M / Transfer	
			W&M / Transfer	
			W&M / Transfer	
			W&M / Transfer	
			W&M / Transfer	
			W&M / Transfer	
			W&M / Transfer	

**Note: Courses completed for a minor may not be taken on a Pass/Fail basis. Student must earn at least a 2.00 grade point average in the minor. At least 9 credits toward the minor must be taken in residence.**

**To: Registrar**

I certify that these courses fulfill the requirements for a minor in \_\_\_\_\_. If the courses to be used were transferred to William & Mary after matriculation, if they are elective credits, or if they are not labeled as a course(s) that can meet the requirements of this minor, as outlined in the catalog, then the Committee on Degrees approval must be attached.

\_\_\_\_\_  
Signature of Department Chair or Program Director

\_\_\_\_\_  
Date