



Department of German & Slavic Studies
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DECLARATION OF MINOR

(Type or Print legibly with ballpoint pen)

SID #: _____ Date of Declaration: _____

Full Name: _____

Local Address: _____

Permanent Address: _____

Phone: (____) _____ CofC E-mail Address: _____
ALL official information will be sent to your CofC address.

Cell: (____) _____ Other E-mail Address: _____

Class: ___ FR ___ SO ___ JR ___ SR Anticipated Date of Graduation: _____

I plan to Minor In: ___ German ___ German Studies ___ Russian Studies
(Check One)

Check all boxes which apply:

- Additional Minor (List other minors already declared): _____
- Change of Minor
- Delete Minor (List old minor): _____

Major(s): _____
(You must declare you major in the appropriate Major Department)

I agree to let this office know if I decide not to pursue this minor and wish to drop it.

Student Signature

Departmental Signature

PLEASE NOTE: Form must have departmental signature and an assigned advisor in order to be processed.

OFFICE USE ONLY:

ASSIGNED ADVISOR: _____

MIN: _____ CUM _____ STAT INFO: _____ / _____ / _____

ENTERED: _____ REMOVED: _____ GRADUATED: _____