



Italian Programs
Room 225 Bell
81 St. Philip Street
Voice: (843)953-5489

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: _____ Italian _____ Italian Studies
(Check One)

Minor Advisor: _____

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 notify this office if my contact information changes or
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:

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

ENTERED: _____ REMOVED: _____ GRADUATED: _____