

# Major Declaration and Audit Form Hobart and William Smith Colleges

10/1/2000

Declaration Declaration form: to be completed on first declaring a major. Audit form: to be completed before entering the baccalaureate year.  
 Audit *The Audit form is one of three*

Name (Please Print) \_\_\_\_\_ ID# \_\_\_\_\_ Current Advisor \_\_\_\_\_  
 Major Advisor \_\_\_\_\_  Primary major advisor?  First major?  Second major?  
 If you are changing your major, what was your old major? \_\_\_\_\_

## Physics BA

**disciplinary, 12 courses**

At least 6 courses must be unique to any major.  
 Grades in all courses for the major must average C- or better.

Check if unique	Check if completed	Planned semester	Course	Notes, substitutions, etc.
<b>Required Physics courses</b>				
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS150	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS160	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS270	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS285	_____
<b>Mathematics requirements</b>				
<input type="checkbox"/>	<input type="checkbox"/>	_____	MATH130	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	MATH131	_____
<b>Physics laboratory</b>				
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS381	_____
				<i>Semester 1 (counts 0.5 credits)</i>
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS381	_____
				<i>Semester 2 (counts 0.5 credits)</i>
Five additional physics courses at the 200 or 300-level. A 200 or 300-level course from another science division department may be substituted for a physics course with the approval of the department chair.				
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS__	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS__	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS__	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS__	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS__	_____

**Comments:**

**Major Certification**

We agree that the successful completion of the program of courses indicated above will constitute an acceptable major. (Compliance with uniqueness rules and other requirements to be confirmed by Registrar.)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Department or Program Chair Signature \_\_\_\_\_ Date \_\_\_\_\_