

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 Faculty Advisor \_\_\_\_\_  
 Major (if declared) \_\_\_\_\_  Disciplinary  Interdisciplinary  
 Check one:  First minor *from the Catalogue or Guide to Majors and Minors*  
 Second minor  
 Change of minor, old minor \_\_\_\_\_

**Russian Area Studies minor**

**interdisciplinary, 5 courses**

At least 3 courses must be unique to the minor. All courses for the minor must be completed with a grade of C- or better. None of the courses toward this minor may be drawn from the "contextual" category.

| Check if unique  | Check if completed       | Planned semester | Course | Notes, substitutions, etc. |
|--|--------------------------|------------------|--------|----------------------------|
| Five courses from the Russian area studies electives, at least two of which must be in the humanities and two in the social sciences |                          |                  |        |                            |
| <input type="checkbox"/>   | <input type="checkbox"/> | _____            | _____  | _____                      |
| <input type="checkbox"/>   | <input type="checkbox"/> | _____            | _____  | _____                      |
| <input type="checkbox"/>   | <input type="checkbox"/> | _____            | _____  | _____                      |
| <input type="checkbox"/>   | <input type="checkbox"/> | _____            | _____  | _____                      |
| <input type="checkbox"/>   | <input type="checkbox"/> | _____            | _____  | _____                      |

**Comments:**

**Minor Certification**

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

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