

COLLEGE of CHARLESTON

DEPARTMENT OF
POLITICAL SCIENCE

Political Science Minor Declaration

(Type or print)

Date: _____ Student ID Number: _____

Full (legal) Name: _____
(Last) (First) (Middle)

Nickname: _____

Local/ Cell Phone Number: _____ Email: _____

Check all boxes that apply:

Additional Minor (list other minors already declared): _____

Change of Minor (list previous minor): _____

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

Why did you choose to minor in Political Science? (check all that apply)

Course taken (which one?): _____

Experience with a particular Professor (which one?): _____

Interest in subject (what area?): _____

Other reason: _____

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

Student's Signature: _____ Date: _____

Minor Advisor: _____

Office use only:

Date entered: _____