

CONCENTRATION DECLARATION FORM

Date

Name (*please print*)

Class

Williams ID☐ *Declare Concentration in* _____☐ *Drop Concentration in* _____*Valid Concentrations:*

Africana Studies Program

Biochemistry and Molecular Biology Program

Cognitive Science Program

Environmental Studies Program

International Studies

Area: _____

Jewish Studies

Justice and Law

Latina/o Studies

Leadership Studies

____ Traditional Track

____ Kaplan Program in US Foreign Policy Track

Maritime Studies

Neuroscience Program

Science and Technology Program

Courses—including ones already taken—to complete concentration:

(Listing courses is not required, but may be useful for advising purposes.)

This petition must be signed by the Chair or Faculty Advisor of the concentration.

Approved-Faculty Advisor for Concentration (*print name*)

Approved-Faculty Advisor for Concentration (*sign name*)

Date _____

Date received at the Registrar's Office _____