

Mississippi State University

College of Arts Sciences

African American Studies Program

Minor Declaration Form

Name: _____
Last First Middle

ID #: _____ Home Phone: _____ Cell: _____

Local Address: _____

Permanent Address: _____

E-Mail: _____

Major: _____ Major Advisor: _____

Do you now have a minor field of study? Yes: ____ No: ____ (check one) Minor Advisor: _____

Expected Graduation Date: _____

Eighteen (18) credit hours are required for a certificate in African American Studies.

Courses already taken toward a minor in African American Studies (course prefix and number only):

(1) _____	Semester: _____	Grade: _____
(2) _____	Semester: _____	Grade: _____
(3) _____	Semester: _____	Grade: _____
(4) _____	Semester: _____	Grade: _____
(5) _____	Semester: _____	Grade: _____
(6) _____	Semester: _____	Grade: _____

Student's Signature Date

Major Advisor's Name (print) Major Advisor's Signature Date

Please bring this form to the African American Studies Program office, located in 287 - 289 Bowen Hall

Minor Advisor's Name (print) Minor Advisor's Signature Date

Please keep a copy of this form for your records. Turn in the original copy to the African American Studies Office.