



Japanese Programs  
Room 314 J. C. Long  
9 - Liberty Street  
Voice: (843)953-7821

## DECLARATION OF MINOR

*(Type or Print legibly with ballpoint pen)*

SID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Declaration: \_\_\_\_\_

Full Name: \_\_\_\_\_

Local Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ CofC E-mail Address: \_\_\_\_\_  
*ALL official information will be sent to your CofC address.*

Cell: (\_\_\_\_) \_\_\_\_\_ Other E-mail Address: \_\_\_\_\_

Class: \_\_\_ FR \_\_\_ SO \_\_\_ JR \_\_\_ SR Anticipated Date of Graduation: \_\_\_\_\_

Japanese Studies Minor Advisor: \_\_\_\_\_

Check all boxes which apply:

- Additional Minor (List other minors already declared): \_\_\_\_\_
- Change of Minor
- Delete Minor (List old minor): \_\_\_\_\_
- Major(s): \_\_\_\_\_  
*(You must declare you major in the appropriate Major Department)*

*I agree to notify this office if my contact information changes or  
if I decide not to pursue this minor and wish to drop it.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Departmental Signature

**PLEASE NOTE:** Form must have departmental signature and an assigned advisor in order to be processed.

OFFICE USE ONLY:

MIN: \_\_\_\_\_ CUM \_\_\_\_\_ STAT INFO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ENTERED: \_\_\_\_\_ REMOVED \_\_\_\_\_ GRADUATED: \_\_\_\_\_