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
Latina/o Studies
Leadership Studies
Legal Studies Program
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  ________________ Date

Date received at the Registrar’s Office ____________________________