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 ________________________________