WILLIAMS COLLEGE **Office of the Registrar**

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
___Traditional Track
___Kaplan Program in US Foreign Policy Track
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 _____