Please complete this form and return it to the Registrar’s Office. This form must be used to add interdisciplinary program requirements or modify existing program requirements on your program evaluation to ensure the program appears correctly on your record and is certified for graduation.

Name: ____________________________________________________________ Date: _______________________
Email address: ____________________________________________ Hartwick ID#: _________________________
Phone # (in case of questions): ______________________________________ Graduation date: _________________

Biology Distribution of Core Courses (check one): □ 7-7-7 □ 10-7-4*
*Indicate core topics distribution below

10 credits:
☐ Cell & Molecular
☐ Organismal
☐ Ecology & Evolution

7 credits:
☐ Cell & Molecular
☐ Organismal
☐ Ecology & Evolution

4 credits:
☐ Cell & Molecular
☐ Organismal
☐ Ecology & Evolution

Global Studies Concentration (check one)
☐ Latin American and Caribbean Studies
☐ European Studies
☐ Comparative Cultural Studies
☐ Global Trade, Development, and Economic Policy

Public Health Theme for Electives:
______________________________________________________________________________

Interdisciplinary Minor (check one)
☐ Documentary Photography
☐ Environment, Sustainability, and Society
☐ Environmental Science and Policy

☐ Global Studies
☐ Graphics Communication
☐ Legal Studies
☐ Minor in Literature
☐ Minor in Writing

☐ Peace and Conflict Studies
☐ Race and Ethnic Studies
☐ Women’s and Gender Studies
**Course Listing for GLST Concentration, PUBH Elective Theme, or Interdisciplinary Minor**

List all of the courses that are required for your program. These will be added to your program evaluation—please ensure all information is accurate. **Do not leave fields blank.**

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**Any course waivers or substitutions to the requirements listed in the catalog for the programs above must be submitted by the program coordinator to the Office of the Registrar using the Degree Audit Waiver/Substitution Form available online.**

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**Signature of Program Advisor**

By signing below you authorize the Office of the Registrar to add the above requirements on this student’s program evaluation. In doing so you are certifying that, upon completion of the above courses, the student will have satisfied all requirements for the program.

Advisor Name (print)  Advisor Signature  Date

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**Student Signature**

By signing below you authorize the Office of the Registrar to make the above changes to your program evaluation. In signing you also indicate that you have read and understand all applicable add/drop policies and procedures related to this transaction.

Student’s Name (print)  Student’s Signature  Date