



College of Charleston
**DECLARATION of MINOR
in AFRICAN STUDIES**

Student ID: _____ Date: _____

Full Name: _____

Local Address: _____

Phone Number: _____

C of C E-mail: _____

Anticipated Date of Graduation: _____

MINOR Declared on this form: AFRICAN STUDIES (AFST)

Signature: African Studies Director, Dr. Tim Carmichael

Signature: Student