

NEXUS PLAN OF STUDY

Mount Holyoke College

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| 1. Student Name: | Nexus Track: |
| MHC Major: Double Major: | Class YR: |
| Email: | |
| 2. Area of interest: please write one or two sentences. | |

| 3. Nexus Requirements | Dept. | Course # | Course Name | Faculty | Semester to be completed |
|--------------------------------|-----------------|----------|-----------------------|---------|--------------------------|
| 200-Level Course | | | | | |
| 200-Level Course | | | | | |
| 200-Level Course | | | | | |
| 300-Level Course | | | | | |
| Internship or Research Project | Completed Term: | | To be Completed Term: | | |
| | Description: | | Location: | | |
| COLL 211 | Completed Term: | | To be Completed Term: | | |

4. Have you declared your Nexus by submitting a declaration of minor form to the registrar's office Y N

5. Have you presented at the LEAP Symposium? Y N

6. Did you have an advising meeting? Y N Advisor Name: _____

Nexus Director/Track Chair Signature: _____ **Date:** _____

Submit your completed, signed form to the
Nexus Coordinator, Katie Walker (kwalker@mtholyoke.edu) or Dwight 217G.