

THE ELLIOTT SCHOOL OF INTERNATIONAL AFFAIRS

Secondary Field of Study Form

Name: _____

GWid: _____

GW Email: _____

Phone: _____

Action Requested: (Select One)

Add Secondary Field

Drop Secondary Field

Revise Secondary Field

Secondary Field: _____

Secondary Field School: _____

List all courses that you intend to use to satisfy this field below. Also, please review the GPA and residency requirement of the field with the department. Any changes to the proposed coursework must have written approval of the secondary field department. A copy of this approval must be submitted to the Elliott School Office of Academic Advising and Student Services at 1957 E Street, NW, Suite 302.

Table with 3 columns: Dept., Course #, Course Title. Multiple empty rows for data entry.

Secondary Field School Approval:

Name (Please Print) _____

Authorized Signature _____

Date _____

ESIA Academic Advising Approval:

Copied for Dept.

SF Code: [] [] [] []

Authorized Signature _____

Date _____