

MINOR DECLARATION FORM

Office of the Registrar

Student Name – *PRINT*

ID Number

Email Address

MINOR – *PRINT*

DEPARTMENT CHAIR – *PRINT NAME*

Student Signature

Date

Department Chair Signature

Date

GRADUATING SENIORS ONLY: You must complete the below section to confirm that the courses listed satisfy all minor requirements and have been approved by the department chair before we can add the minor to your record.

Course: _____ Title: _____

Course: _____ Title: _____

Course: _____ Title: _____

Course: _____ Title: _____

Course: _____ Title: _____

Course: _____ Title: _____

Course: _____ Title: _____

Course: _____ Title: _____

By signing below, I approve the above courses to satisfy the requirements listed in the catalog for this minor.

Current Advisor (Print): _____ **Signature:** _____ **Date:** _____

Department Chair (Print): _____ **Signature:** _____ **Date:** _____