

Request for Minor Outside the College of Science

Date: _____ Student ID: _____
Last Name: _____ First Name: _____ MI: _____
Address: _____ City _____ State: _____
Zip Code: _____ Telephone: _____ E-mail: _____
Semester Hours: _____ GPA: _____
Major: _____ Minor: _____
Catalog Year: _____

Student's Signature

Date

Approved / Denied

The chair of the department of the minor may accept or not accept the minor and may add comments.

Comments:

Chair's Signature - Department of the Minor

Date

Chair's Signature - Department of Major

Date

Dean's Signature

Date