DECLARATION OF MINOR

Student ID #	Name:	
	L	ast First
Preferred phone #	Is this:	o Home o Cell o Work
Check your program: O Women's Co	ollege	o College of Adult Undergraduate Studies
Current Advisor:		Expected graduation date:
Current Major:		Current Concentration:
Minor to be declared:		o First Minor o Second Minor o Change in Minor
APPROVED COURSES		
6		
7***If there are any changes in the above courses through	oout your academic sta	udies, a new form must be completed and submitted
Department Chair's Signature & Date		New Minor Advisor (OFFICE USE ONLY)
Students Signature/Date		Academic Advisors Signature/Date
		Processed by/date

Please return this completed form to the Registrar's Office.