APPLICATION FOR
MINOR
UNDERGRADUATE STUDIES

Name _____, _____, _____
(LAST) (FIRST) (M.I.)

Student I D Number 0__ ___ ___ ___ ___ ___ ___

Current Major:
Name: _____ Major Plan: ___ ___ ___ ___

Desired Minor:
Name: _____ Minor Plan: ___ ___ ___ ___

Note: ***Plan codes must be obtained from the Department Chairperson****. Forms without code numbers will be returned to the department. When* ***ALL*** *signatures are obtained, this form must be returned to the Office of the Registrar.*

Students
Do not write below this line. Application must be signed by the following:

1. MAJOR ADVISOR
Comments

_____

_____

Signature _____ **Date** _____

2. CHAIRPERSON OF DEPARTMENT to which student seeks to minor
Comments

_____

_____

Signature _____ **Date** _____

3. CHAIRPERSON OF STUDENT'S MAJOR DEPARTMENT
Comments

_____

_____

Signature _____ **Date** _____