



MINOR REQUEST FORM

STUDENT INFORMATION

ID#: _____ Name: _____

Major: _____ Class Rank: Freshman Sophomore Junior Senior

Activity: Declaration of Minor Change of Minor Cancellation of Minor
[Choose only one activity]

Semester: 1st 2nd Summer Year: 20____ - 20____

ACKNOWLEDGMENT STATEMENT

Declaration or changing of a minor will cause a delay in the student's graduation. In case of changing a minor, not all credits earned to-date will be counted towards the graduation. The student is responsible for successfully completing the requirements of all the courses under the new minor within the Maximum Time Frame (MTF).

Student's Signature: _____ Date: _____

Please fill one of the following according to the chosen activity:

DECLARATION/CANCELATION OF MINOR

Requested/Cancelled Minor: _____

CHANGE OF MINOR

Current Minor: _____ Requested Minor: _____

Courses and credits that will not count towards the graduation:

	COURSE CODE	CR
1		
2		

	COURSE CODE	CR
3		
4		

	COURSE CODE	CR
5		
6		

REQUIRED APPROVALS

Admission Unit's Signature: _____ Date: _____

Scholarship Unit's Signature: _____ Date: _____

Central Academic Advisor of the Student: _____

Signature: _____ Date: _____

Central Academic Advisor of the Requested Minor: _____

Signature: _____ Date: _____

Department Chair of the Requested Minor: _____

Signature: _____ Date: _____

REGISTRATION UNIT USE

Registration Unit's Signature: _____ Date: _____