Minor Studies Permission Form

Student’s Name: ____________________________  ID Number: _________

Anticipated Graduation Date: ____________________________

Minor Requested: ____________________________

Courses Required for Minor:

1. ____________________________  2. ____________________________

3. ____________________________  4. ____________________________

5. ____________________________  6. ____________________________

Signatures:

____________________________
Student

____________________________
Major Advisor

____________________________
Chair of Minor Department  ____________________
Date

Please return the completed form to the Registrar’s Office, Saint Joseph Hall, 2nd Floor.