

REQUEST FOR DECLARATION/CHANGE OF MINOR

Please Print Clearly

Student ID Number

Class Year

Last Name

First Name

Middle

CURRENT MAJOR

DESIRED MINOR

Please check the ONE box that applies:

- I have not previously requested a minor
- I am requesting an additional minor
- I wish to change my minor from _____ to _____
- I wish to drop my minor

Student Signature

Date

ACTION BY DEPARTMENT CHAIRPERSONS:

Requirement Term/Flowsheet Year

Minor Chairperson Signature

Date