MINOR COMPLETION FORM

TO BE COMPLETED BY STUDENT:

Please complete this form and submit it to the appropriate contact person listed on the "What to do when a Minor is completed" link on the Bulletin.

Name _____
(Last) (First) (Middle)

810# _____

Student's School/College _____

Student's Major/Degree Program _____

This is to certify that the student listed above has completed all academic requirements necessary to earn a minor in _____ .
(Name of Approved Minor)

These requirements were completed _____.
(Academic Term Completed)

COURSE	SEMESTER TAKEN	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

****

TO BE COMPLETED BY THE UNIT OFFERING THE MINOR:

Departmental Representative: _____

Date Received: _____ Date student records updated: _____

*After approval, the departmental representative should return to the student's school/college.