



MINOR REQUEST FORM

Name _____ Student ID# _____

Semester/Year _____ Date of Request _____

Degree Program _____

Minor Area _____

Courses:

_____ Credit Hours _____

_____ Credit Hours _____

_____ Credit Hours _____

_____ Credit Hours _____

_____ Credit Hours _____

_____ Credit Hours _____

_____ Credit Hours _____

_____ Credit Hours _____

_____ Credit Hours _____

Total Credit Hours _____

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Academic Dean Signature _____ Date _____