ACADEMIC MINOR FORM

Check one:
◊ I wish to declare a minor. ◊ I wish to drop a minor.

_____________________ _____________________ ____________________ _____
ID Last Name First Name MI

Local Address: _______________________________________________________
Street Address
______________________________________________________________
City State Zip

E-mail Address: ______________________________________________________

Degree/Major/Option: ________________________________________________

Major Advisor Signature: ___________________________ Date: ______________

_____________________ _____________________ ____________________ _____

To DECLARE a minor: Effective Term: ______________

Minor: ____________________________________________________________

Minor Department Chairperson’s Signature: _____________________________

Assigned Advisor: ___________________________ _________________________
Last Name First Name MI

TO DROP a minor:

Minor: _____________________________________________________________

Minor Advisor Signature: ___________________________ Date: ______________

Return the completed form to: Academic Advisement, Second Floor Lyle Hall

4/11/2000
Directions for students:
1. Please print all information clearly.
2. Obtain signature from your major advisor.
3. Present form to department chair of the minor you are declaring, or the advisor of the minor you are dropping.
4. Obtain signatures.
5. Return completed form to Academic Advisement Office in Lyle Hall for processing.

Directions for Department Chairs:
1. Sign and date the appropriate area.
2. Assign advisor by indicating full name.
3. Return completed form to the student.

Note: Form is not valid if altered in any way.