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

Regulations Governing Minor Course Work:
1. Only one course which counts toward the major may be counted toward the minor.
2. No student may minor in his or her major.

Consult regularly with your adviser to be aware of changes and curriculum details which are not incorporated on this form.

1/19/07