

## **ADD OR CHANGE OF MINOR**

- You must meet with the applicable Department Chair before submitting the form.
- Return this completed form to the Office of the Registrar, Ochre Court, Room 203.

Student Name:	
Student ID:	Expected Graduation Date:
E-mail:	Phone:
MINOR INFORMATION	
□ Add a minor:	
with new minor:	
□ Remove current minor:	
ACKNOWLEDGEMENT OF RESPONSIBILITY	
I have read, understand, and agree to complete the requirements for earning a minor.	
I understand that adding a minor may require additional semesters to complete my minor.	
Student Signature:	Date:
ADMISSION INTO DEPARTMENT	
To be completed by the Department Chair	
The student and I have discussed admission and good standing requirements for the	
department, and reviewed all the requirements for earning a minor.	
Department Chair Signature:	Date: