

Application for Academic Minor

Full name of applicant: _____

Student ID Number: _____

Academic Advisor Name: _____

Advisor Email: _____ Bldg: _____

Academic Advisor Phone: _____

MINOR DESCRIPTION

What is the purpose of the minor? _____

MINOR PROGRAM OUTCOMES

DESCRIPTION OF MINOR *(As it should appear in the catalog)*

CURRICULUM *(As it should appear in the catalog)*

Course Code	Course Title

ADDITIONAL ACADEMIC REQUIREMENTS FOR MINOR

Are there any additional requirements for the minor? _____

Grade requirements: A, A-, B+, B, B-, C+, C, C-, D+, D, D-, F, W, I, S, U, X, Y, Z: _____

Minimum grade: _____ Minimum grade point average: _____

Minimum number of credits: _____ Minimum number of semesters: _____