



**LOYOLA
UNIVERSITY
NEW ORLEANS**

COLLEGE OF ARTS AND SCIENCES, OFFICE OF THE DEAN

REQUEST FOR A MINOR

Name: _____ Soc. Sec. No. _____

Current Major: _____ (~~If Cmmn. give sequence~~) _____

Date: _____

The student may pursue a maximum of two minors. List below the minor or minors you wish to pursue.

1st Minor: _____

2nd Minor: _____

Please list below the minor you wish to **drop**.

Minor _____

Local address: _____
