

REQUEST FOR A MINOR

Name: _____

Social Security 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: _____

We will confirm the change by e-mail. Please provide your e-mail address: _____