PETITION FOR AN ACADEMIC MINOR

Directions: Student should complete the top portion only and submit form to the dean of the school of the minor being requested.

NAME: _____ SS# _____

MAJOR: _____ DEGREE: BA BS BT BPS BBA

Academic Minor Requested: _____

Student Signature: _____ Date: _____

_____

Approved Date Academic Minor Advisor Signature

COURSES REQUESTED FOR SUCCESSFUL COMPLETION OF AN ACADEMIC MINOR IN

_____:

COURSE NAME	CREDITS	GRADE
TOTAL		

Verification of Advisor: The above named student has successfully completed all requirements for the academic minor listed.

_____ _____

Signature Date

Distribution: WHITE-Registrar (sent upon completion of requirements only); YELLOW-Academic Minor Advisor; PINK-Student's Academic School; GOLD-Student