DIVISION OF ACADEMIC OPERATIONS OFFICE OF REGISTRATION AND RECORDS



PROPOSED MINOR FIELD OF STUDY

Name:			Student ID:			Major: _	
Expected Graduation Date: Fall			Spring Summer			Year: _	
Minor:		Required:			Catalog: _		
Minor Curriculum Details							
I request the following courses be allowed to satisfy the minor field for my degree program: Lower Division Transfer							
Rule	ule Course Name		Course Number Hours			Term	(Y/N)
Upper Division							
Rule	le Course Name		Course Number Hours			Term	Transfer (Y/N)
					-		
					- ·		
Student Approval							
Student Signature: Date:							
			epartmental Ap	proval			
Minor Department Approver Signature: Date:							
Minor Department Approver Printed Name: Department:							
Telephone Number: Dated Entered into Compass						pass:	
Major Department: Da						Date:	
If a student decides not to complete minor, notification must be provided to the Office of Records and Registration to remove minor from student's curriculum.							
Other Red	quirements for Minor:						