



Intent to Minor in an Academic Program

Today's Date: _____ Student ID Number: _____

Student's Name: _____

Academic Program/Major: _____ Faculty Advisor: _____
(example: BA.ART or BBA.MGMT)

Required:

Anticipated Date of Graduation: _____

Intended Academic Minor: _____

Program Evaluation Reviewed Date: _____ Initial: _____

Signature: Chair of Academic Minor Department Date

Should you decide to drop your minor, please notify the Office of Records and Registration.

Student Signature _____