



MINOR APPLICATION FORM

SPIRIT ID# _____

Student Type: CAS/SBA (Day) SPCS (Evening)

Anticipated Graduation Date _____

*If you are a senior, this form must be submitted prior to your Graduation Application Form. If you declare a minor after, you will not be eligible to receive this minor degree.

Email Address _____

Last Name _____ First Name _____

Approved Major(s): _____

CURRENT MINOR(S)

1. _____

2. _____

NEW MINOR(S)

1. _____

2. _____

Do you want to remove your current minor?

Yes, new minor replaces old minor

No, new minor is a second minor

TO BE COMPLETED BY MINOR DEPARTMENT

Proposed Minor _____ Number of Credits _____

List Course Numbers and Title

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Other notes or requirements _____

THIS FORM MUST BE SIGNED BY BOTH MAJOR AND MINOR DEPARTMENT ADVISORS AND THEN SUBMITTED TO THE ESC

Student's Signature

Date

Minor Dept. Chair: Please Print the Name of New Advisor _____

Minor Dept. Advisor's Signature

Date

Major Dept. Advisor's Signature

Date

Processed By _____ Date _____