

**STUDENT REQUEST FOR A MINOR
COLLEGE OF NURSING AND HEALTH SCIENCES**

- ✓ Complete all student information and include a copy of your current transcript.
- ✓ Meet with an academic advisor in the department administering the minor to complete list of courses that will fulfill that minor and secure the appropriate signature.
- ✓ Obtain your advisor's signature.
- ✓ Return the completed form to Student Services, Rowell 106.

Name: _____ **SSN:** _____

Address: _____

Telephone: _____ **E-Mail:** _____

Current Major: _____ **Minor Requested:** _____

List all courses that are needed to fulfill the minor:

Course	Credits	Course	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Signature

Date

Advisor for MINOR Signature

Date

Advisor for MAJOR Signature

Date

Dean's Office Signature

Date