

REQUEST FOR MINOR

- New minor request
- Revision only
- Cancel minor

Name: Last First Middle Univ. ID OR Soc. Sec. Number Expected Graduation Term

Student Major/Curriculum Catalog for Major/Curriculum

Minor Requested Catalog for Minor *

*The catalog for the minor may not be an earlier catalog than the catalog for the major/curriculum. If the catalog for the major/curriculum and the catalog for the minor do not match, minor requirements will appear in the notation section of the degree audit.

Step 1. To be completed by the student - List the courses to be taken to complete this minor. Indicate with an * those courses which are not being used to meet any other college or university requirement except the credit requirement for graduation. All minors require at least 15 credits, including at least 6 credits taken at ISU in courses numbered 300 or above.

Course	Credit	Use on Degree Audit	Course	Credit	Use on Degree Audit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I understand that 9 credits of the courses listed in the minor must not be used to meet any other college or university requirement except the credit requirement for graduation.

Signed _____ Date _____
Student requesting minor

Step 2. To be completed by department offering the minor. The courses listed will meet the requirements specified for the minor.

Signed _____ Date _____
Dept. or program coordinator of minor

Step 3. To be completed by student's academic adviser.

The 9 credits indicated with an * will not be used to meet any other college or university requirement except the credit requirement for graduation. Where possible, an indication has been made of how other minor courses will be used on the degree audit.

Signed _____ Date _____
Academic Adviser(s)

Step 4. To be completed by college of minor.

Step 5. Last stop - College of major/curriculum.

(Responsible for distribution)

Signed _____
For the dean

Signed _____
For the dean

Date _____

Date _____

TO CANCEL MINOR - Complete the following and return to your College Classification Office.

Please cancel my minor in _____ Date _____

Signed by student _____ Signed by adviser _____

Copies distributed _____ Registrar, Dean for Major, Dean for Minor, Adviser(s), Minor Department, Student.

Degree audit information updated _____

MINORFRM.PMD Rev. 3/04