

REQUEST FOR MINOR OBJECTIVE
(PLEASE PRINT TO READ THROUGH ALL COPIES)

Name _____
Last First Middle

Date ____/____/____
M D Y

Address _____
Number & Street Apt.

Phone (____) _____

Student I.D. Number - -

Primary Major: _____

Secondary Major: _____

Department Approval - Minor	
Dept Name:	_____
Approved by:	_____

Request to:

1. Declare a minor _____
(Specify Minor)
2. Add a second or third minor _____
(Specify Minor)
3. Drop a minor _____
(Specify Minor)

Number of Minors

	Before Change	After Change
	<input type="text"/>	<input type="text"/>

Please list all existing minors after change.

Do not separate this form. Please file at the Admissions and Records Service Center, LH 114.

Original - Records Office
Yellow - Minor Department
Pink - Major Department

A & R Use Only	
Minor Code	Obj Code
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>