DECLARATION OF MINOR

This completed form must be returned to UNIVERSITY COLLEGE (SECOND FLOOR CONYNGHAM HALL) to become effective.

Name (Please print.) ___________________________________________ WIN _______________________________

It is my intention to pursue a course(s) of study leading to the following:

__________________________________________ Department Chair Signature
Minor 1 (of department that supervises this course of study)

__________________________________________ Concentration

__________________________________________ Department Chair Signature
Minor 2 (of department that supervises this course of study)

__________________________________________ Concentration

__________________________________________ Student Signature

Date

cc: Advisor