Request for Minor

Name: ___________________________ Last _______ First _______ Middle _______

University ID _______ Expected Term of Graduation _______

E-mail ___________________________ Preferred Phone ___________________________

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 department, 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.

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<tr>
<th>Course</th>
<th>Credit</th>
<th>Use on Degree Audit</th>
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I understand that 9 credits of the courses listed in the minor must not be used to meet any other department, 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 department, 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 ___________________________ Date ___________________________

College Student Services

Signed ___________________________ Date ___________________________

College Student Services

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, College Student Services (major), College Student Services (minor), Adviser(s), Minor Department, Student. Degree audit information updated ___________________________

\Departmental Forms\Records Area Forms\MinorRequest.indd Rev. 12/11