(This portion to be retained by the Director of the Department)

MINOR APPLICATION FORM

Name _____

Date _____

S.S.# _____

Address _____

City, Zip _____

Telephone # _____

E-mail _____

Hours Completed	SLU GPA

Minor Requested _____

COURSES COMPLETED IN MINOR:

Course	Hours	Grade

Degree Sought: B.A. ____ B.S. ____

Major(s) Delcared:

1. _____

2. _____

(please complete both sides of the form)

(This portion to be signed by the Departmental Chair/Proram Director and returned to the Dean's Office, College of Arts and Sciences)

MINOR APPLICATION FORM

Name _____

Date _____

S.S.# _____

Address _____

City, Zip _____

Telephone # _____

E-mail _____

FOR THE DIRECTOR OF THE DEPARTMENT
(Check one)

I hereby

_____ accept

_____ tentatively accept

_____ reject

the above named student as a MINOR in my department/program.

His / Her Department Advisor will be

_____ S.S.# _____

_____
Signature – Chair / Director

MINOR _____