



Office of the Registrar

Declaration of Departmental Minor

Name: _____ Class: ___ Fr. ___ Soph. ___ Jr. ___ Sr.

CC Student ID #: _____ Student Phone #: _____

MINOR DECLARING: _____

MINOR ADVISOR: _____ / _____
(Please Print Name) Minor Advisor Signature

MAJOR ADVISOR: _____ MAJOR: _____

Courses already completed in minor:

Courses still to be taken in minor:

I fully understand the departmental requirements for this major and herewith apply for acceptance.

Student Signature / Date

Take to Chairperson of prospective department for approval and signature.

Admission Denied _____ Reason for Denial: _____

Admission Granted _____

Signature of Minor Department Chair / Date

Registrar's Office Use Only	
Date Declared: _____	Update MB: _____
UFD: _____	Update CT: _____
Minor Code: _____	
Copies Sent	
Department Chair: _____	Processed By: _____ Sent MCF to Advisor w/T.: _____