

Office of the Registrar
Declaration of Thematic Minor

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

CC Student ID #: _____ Student Phone #: _____

MINOR DECLARING: _____

MINOR ADVISOR: _____

MAJOR ADVISOR: _____ MAJOR: _____

 Courses *already* completed in the proposed minor: **Use "none" for boxes not needed*

Course Sequence # and Title	Course Sequence # and Title	Course Sequence # and Title

 Please note that there may be no more than 1 unit of overlap between your major and minor!

 Please list number and titles of courses **yet to be completed** for minor:

Integrative Experience Course (if applicable): _____

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

 _____ / _____
 Student Signature Date

**You *must* take to the Advisor of Prospective Minor and Integrative Experience
and to Advisor of declared Major for approval and signatures before minor will be declared.**

Admission Denied _____ Reason for Denial: _____

Admission Granted _____

 _____ / _____
 Signature of Minor Advisor Date
 _____ / _____
 Signature of Major Advisor Date
 _____ / _____
 Signature of Integrative Experience Advisor Date

*Minors must be declared/approved before Off-Campus Study or Study Abroad
Signed minor completion form is due prior to Block 8 of Senior Year*

Registrar's Office Use Only

 Date Declared: _____
 Minor Code: _____ UFD: _____ Update CT: _____ Update MB: _____
 Sent to Advisor w/Memo: _____ Sent Completion Form to Advisor w/Transcript: _____