SPIRIT ID#_____________________________

Last Name__________________________________________ First Name__________________________________________

Email Address_________________________________________________________________________________________

Approved Major(s):_____________________________________________________________________________________

CURRENT MINOR(S)                                                                                   NEW MINOR(S)
1.________________________________________________ 1.________________________________________________
2.________________________________________________ 2.________________________________________________

Do you want to remove your current minor?
☑ Yes, new minor replaces old minor
☑ No, new minor is a second minor

TO BE COMPLETED BY MINOR DEPARTMENT

Proposed Minor_________________________________________________________ Number of Credits_________________

List Course Numbers and Title
1. __________________________________________ 4. __________________________________________
2. __________________________________________ 5. __________________________________________
3. __________________________________________ 6. __________________________________________

Other notes or requirements____________________________________________________________________________

THIS FORM MUST BE SIGNED BY BOTH MAJOR AND MINOR DEPARTMENT ADVISORS AND THEN SUBMITTED TO THE ESC

Student’s Signature                                                                                      Date

Minor Dept. Chair: Please Print the Name of New Advisor________________________________________________

Minor Dept. Advisor’s Signature                                                                         Date

Major Dept. Advisor’s Signature                                                                         Date

Processed By________________________________________ Date________________________

Rev. 8/15/12