MINOR COMPLETION FORM

TO BE COMPLETED BY STUDENT:

Name _____
(Last) (First) (Middle)

810# _____

Student's School/College _____

Student's Major/Degree Program _____

This is to certify that the student listed above has completed all academic requirements necessary to earn a minor in _____ .
(Name of Approved Minor)

These requirements were completed _____.
(Academic Term Completed)

COURSE	SEMESTER COMPLETED	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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TO BE COMPLETED BY SCHOOL/COLLEGE:

Departmental Representative: _____ Date: _____

Dean*: _____ Date: _____

*After approval, the approving unit should return to the student's school/college.