

MINOR DECLARATION FORM

TO BE COMPLETED BY STUDENT:

Name _____
(Last) (First) (Middle)

810# _____ Phone (_____) _____

UGA E-mail Address _____

Student's Signature Date

Student's Current School/College: _____

Student's Major/Degree Program: _____

Name of Minor: _____

TO BE COMPLETED BY SCHOOL/COLLEGE:

Minor Code: _____ School Code: _____

Instructional Unit Approval* Date

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