

SOCIAL SCIENCE AND POLICY STUDIES DEPARTMENT

COMPLETION OF MINOR REQUEST

STUDENT INFORMATION:

Name: _____

ID#: _____

Email address: _____

Grad Date: ____/____/____

MAJOR/MINOR INFORMATION

Major Advisor: _____

Major(s): _____

Minor Advisor: _____

Minor: _____

FOUNDATIONS COURSES

Course Number	Course/Project Title	Term	Grade

APPLIED COURSES (at least one unit)

Course Number	Course/Project Title	Term	Grade

CAPSTONE COURSE OR PROJECT

Course Number	Course/Project Title	Term	Grade

Minor Advisor's signature: _____ Date: ____/____/____