

APPLICATION FOR MINOR OR CHANGE OF MINOR

To the student: Complete Section One and Two of this form. Return it to the Department Office of your minor and have your academic progress sheet attached.

Section One

Banner ID @ _____

Name _____
(last) (first) (m.i.)

Student Signature: _____ Date: _____

IUP Email: _____ Local Phone Number _____

Local Address _____

Home Address _____

Section Two

Major _____ Advisor _____

Department _____ IUP Credits Earned _____ GPA _____

I am requesting a new minor in _____

I am requesting a second minor in _____

I am requesting to drop _____ as a minor

Section Three (To be completed by Department Office)

Departmental approval for addition of minor

Request APPROVED

Request DENIED Reason _____

Minor Advisor _____

Chairperson/Minor

coordinator Signature _____ Date _____

A FINAL VERIFICATION MUST BE OBTAINED AND APPROVED BY THE DEPARTMENT GRANTING YOUR MINOR AFTER WORK HAS BEEN COMPLETED

Copies to: Student Minor Department Major Department Registrar's Office