

MINOR PROGRAM FORM

The College of Engineering

Student Name: _____

Student Social Security Number: _____

Major: _____

E-Mail Address: _____

Name of Undergraduate Minor: _____

Undergraduate Minor Program of Study				
<u>Department</u>	<u>Course #</u>	<u>Course Title</u>	<u>Credit Hours</u>	<u>Grade (If Completed)</u>

Student Signature _____ Date _____

Print _____ Signature _____

Advisor Signature Major Program _____ Date _____

Print _____ Signature _____

Advisor Signature Minor Program _____ Date _____