

DECLARATION OF MATHEMATICS MINOR

TO BE COMPLETED BY STUDENT:

Student's Name (print): _____
LAST
FIRST
MI

University ID Number: _____ Expected Graduation Date: _____

School: _____ Major: _____

I hereby apply for a mathematics minor. I submit the following program of at least 15 semester hours; none of them to be taken on a credit/no-credit basis.

Course Prefix	Course Number	Course Title	Fall	Spring	Summer	Year

Student's Signature: _____

Department Authorization: _____ Date: _____