MINOR DECLARATION FORM

Last Name __________________________________________________________________________

First name __________________________________________________________________________

Expected Graduation Date ____________________________________________________________________

Student ID # ____________________________

Class Standing: □ FY □ SO □ JR □ SR

I am: □ Declaring first minor □ Declaring second minor □ Changing/canceling a minor □ Changing advisor only

Minors:


I understand the requirements for the minor indicated above and have discussed these requirements with my academic advisor. I understand that I am responsible for tracking my progress to ensure that I meet all minor and degree requirements, and that I must consult with my advisor on a regular basis.

Student Signature: ______________________________________________________ Date: _______

Advisor Signature: ______________________________________________________ Date: _______

Advisor Name Printed: ______________________________________________________

□ I have reviewed the student’s academic advising transcript

Chair/Program Director Signature: __________________________________________ Date: _______

Aug. 2019

Office of the Registrar, DePauw University, Phone: 765-658-4141, Email: registraroffice@depauw.edu