

THE UNIVERSITY OF MONTANA-MISSOULA

APPLICATION FOR A MINOR

This is an application for an academic minor, NOT a teaching minor. This application must be signed by the Chairperson of the minor department and submitted to the Graduation Office in the Emma Lommasson Center, Room 201. Please check for graduation deadlines. Late applications will be postponed to a future semester. **Minors are awarded only with, or after, the awarding of your first Bachelor's Degree.**

NAME: _____ **STUDENT #** _____

MINOR: _____ **SEMESTER/YEAR OF COMPLETION** _____

MAJOR & DATE OF COMPLETION _____

List below the courses required for your minor that have been completed and that you will be completing. The courses should be listed as they appear on your transcript.

DEPT.	COURSE #	TITLE	CREDIT	GRADE	DEPT.	COURSE #	TITLE	CREDIT	GRADE

List below the courses specifically required for your minor, but outside your minor department, that you have completed or will be completing.

List the waivers/substitutions that have been approved by the minor department.

SIGNATURE (CHAIR OF MINOR): _____ **DATE:** _____

SIGNATURE (STUDENT): _____ **DATE:** _____

ADDRESS: _____ **PHONE #** _____

E-MAIL _____