



Undergraduate Application for Minor

(UNDERGRADUATE DEGREE PROGRAMS)

Missouri University of Science and Technology
Office of the Registrar

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Name _____
Last First Middle I.

Student ID _____

Address _____

Date _____

Major Field _____

Major Advisor _____

Minor Field _____
(If English, indicate track)

Minor Advisor _____

<u>Courses Planned for Minor</u>	<u>Cr. Hrs.</u>	<u>Semester</u>	<u>Completed/ Grade Received</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Anticipated Completion Date of Minor _____

Anticipated Date of Graduation _____

Minor advisor must initial any courses requiring special permission and any substitutions for courses planned.

Minor Advisor
Signature _____

Date _____

Minor Dept Chair
Signature _____

Date _____