

Minor Declaration

Date: _____

SS #: XXX-XX-____

First Name: _____

Last Name: _____

LAST NAME	FIRST NAME	STUDENT ID NUMBER
ADDRESS		TELEPHONE
CITY	STATE	ZIP CODE
HUNTER COLLEGE: e-mail account		

1. Complete the Minor approval form with your Minor Department academic advisor.
2. All Minor selections must be approved by an Academic Department representative of the Minor Department.
3. Advisor(s): Please provide the appropriate Curriculum Code for the Minor.

DECLARATION OF A MINOR *(One transaction per request)*

Curriculum Code:

ADD *(please check one only)*

First Minor

Second Minor

DEPARTMENT _____

TITLE OF PROGRAM _____ # OF CREDITS REQUIRED IN PROGRAM _____

DELETE

Department approval not required

APPROVED BY: _____ DATE: _____

DEPARTMENT STAMP

I, the undersigned, understand and accept the current Minor Policies.

Student Signature

Date

You must adopt the current catalog's requirements any time you declare, add or change your minor(s).

FOR INTERNAL OFFICE USE ONLY			
_____ Date Received	_____ Initial	_____ Date Processed	_____ Initial