

MEREDITH

C O L L E G E

DECLARATION OF MINOR

Name _____ ID# _____

Major _____ Date of Graduation _____

Email address: _____

IF THIS IS A CHANGE IN INFORMATION:

Check one: Second Minor _____ Replace previously declared Minor _____

Drop Minor _____ Other _____

MINOR TITLE _____ **Catalogue Year** _____

DEPARTMENT _____

REQUIREMENTS:

No courses for the minor may be taken P/F. Please refer to the Catalogue Year (listed above) for requirements, credit hours and residency.

*ADVISORS: If you are allowing substitutions for requirements, please list them.

Substitution I (if needed)*:

Substitution II (if needed)*:

Student Signature _____ Date _____

Department Head Signature _____ Date _____

Advisor Signature _____ Date _____

INSTRUCTIONS: Complete and sign the Declaration of Minor form. Obtain the appropriate signatures and return the form to the Office of the Registrar.