

Verification of Completion of Minor

			20	
Last Name	First Name	Middle Name	Class year	Date

MINOR			
Courses Required to Complete the Minor			
<i>Course</i>	<i>Term/Year</i>		

Adviser Signature

Date

Minor Department Chairperson Signature

Date

Copy: Record - White
 Minor Department - Yellow
 Adviser - Pink
 Student - Goldenrod

revised 2/11