

University of Massachusetts-Dartmouth
(Office of University Records)

REQUEST FOR MINOR
(African and African-American Studies)

Date

Name

Social Security Number

Major

Year of Graduation

I WISH TO ELECT A MINOR IN **African and African-American Studies**

Student's Signature

Student's E-mail

Chairperson of Department of Minor

Departmental Advisor of Major

Chairperson of Department of Major

**Return completed form to:
Ms. Karen Monahan, secretary, African and African-American Studies, I-399L
(phone: 508-910-6296). She will forward the form to the University Records Office.**