

University of Massachusetts Dartmouth
North Dartmouth, MA 02747
Office of University Records

REQUEST FOR MINOR

DATE

NAME

SOCIAL SECURITY NUMBER

MAJOR

YEAR OF GRADUATION

I WISH TO ELECT A MINOR IN _____

STUDENT'S SIGNATURE

CHAIRPERSON OF DEPARTMENT MINOR

DEPARTMENTAL ADVISOR OF MAJOR

CHAIRPERSON OF DEPARTMENT OF MAJOR

RETURN COMPLETED FORM TO:

UNIVERSITY RECORDS OFFICE
ADMINISTRATION BUILDING/ROOM 116

REVISED 5/99