

University of Massachusetts Dartmouth  
Office of University Records

**REQUEST FOR MINOR**  
**Religious Studies**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Major

\_\_\_\_\_  
Year of Graduation

I wish to elect a minor in Religious Studies.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's E-mail

\_\_\_\_\_  
Robert Pontbriand, History Dept.  
Advisor of Religious Studies

\_\_\_\_\_  
Departmental Advisor of Major

\_\_\_\_\_  
Chairperson of Department of Major

Return completed form to Office of University Registrar, Administration Building.