



BI Moody III



Request for Minor

Student Name: _____

CLID: _____

Email Address: _____

Phone: _____

Major: _____

Minor: _____

Advisor: _____

Required courses for minor:

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Note that the courses listed above are not considered binding until signatures have been obtained from all parties involved.*

Required Signatures:

Student Date

Department Head of Student's Major Date

Advisor Date

Dean Date