

MINOR COMPLETION FORM

Name: _____ 810#: _____
LAST FIRST MIDDLE

Student's School/College: _____ Student's Degree Objective: _____

This is to certify that the student listed above has completed all academic requirements necessary to earn a minor in _____.
(Name of approved Minor)

These requirements were completed _____.
(Academic term completed)

<u>COURSE</u>	<u>SEMESTER COMPLETED</u>	<u>GRADE</u>

Departmental Representative: _____ Date: _____

Dean's Approval: _____ Date: _____

INTERNAL USE ONLY
GA SEGMENT UPDATED: _____