



REQUEST FOR A MINOR OR A CHANGE OF MINOR

Office of the Registrar
One Winooski Park, Colchester, VT-05439
Telephone: 802.654.2571 Fax: 802.654.2690

Student Name: _____

Date: _____

Student ID #: _____

Graduation Year: _____

CURRENT MAJOR

Current Major: _____ Current Advisor: _____
Print Name

Current Advisor's Signature: _____

I understand that I must complete all requirements as designated by the department for a Minor, and achieve a 2.0 grade point average in the Minor in order to have it recorded on my transcript.

ADD A NEW MINOR

New Minor: _____ Department Chair: _____
Print Name

Department Chair's Signature: _____

DROP A MINOR

Name of Minor: _____

PLEASE RETURN COMPLETED FORM TO THE REGISTRAR'S OFFICE, FOUNDERS ROOM 112.