

College of Agriculture, Food and Natural Resources

Designated Minor Option

Name _____ Student Number _____

Local Address _____

Major _____ Anticipated Date of Graduation _____

Minor _____ College of Minor _____

Department	Course #	Course Title	Hrs	Sem	Grade

Total Hours _____

ADVISOR (Major) Date

ADVISOR CHAIR (Minor) Date

STUDENT Date

ASSOC. DEAN Date

This form is to accompany the student's Course Program for Graduation for approval. On program of study, please indicate courses used to fulfill your minor with an *.

- Dean's Copy
- Major Advisor's Copy
- Minor Advisor's Copy
- Student's Copy