



Saint Joseph's University Undergraduate Programs

## APPROVAL FOR A MINOR

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Student I.D. # \_\_\_\_\_

Student's Major \_\_\_\_\_

Department of Minor \_\_\_\_\_

Minor Sought. \_\_\_\_\_

### Courses Required for the Minor

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Student Signature. \_\_\_\_\_

Department Chair's/Program Director's Approval \_\_\_\_\_  
*(Or the director of relevant program in which the minor will be taken)*

Received by \_\_\_\_\_

*Form will be forwarded by the appropriate advising center*

*College of Arts & Sciences Advising Support Center - BL 117*

*William F. Leahy Advising Center - MV 150*