



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