APPLIED MINOR COMPLETION FORM

Student name

Student ID number

Please print or type

Title of Applied Minor completed

Courses student completed to fulfill Applied Minor course requirements:

Course number	Course title	Semester completed

Co-Curricular activity student completed to fulfill Applied Minor requirements

Culminating project

Date completed

Were any substitutions to the minor approved? If so, explain.

◯   **I approve this completed Applied Minor.**

Applied Minor convener signature

Date

Printed name