

UNDERGRADUATE REQUEST FOR MINOR / CERTIFICATE OBJECTIVE

Clear Form

Last Name: _____ **First Name:** _____

CWID: _____ **Phone Number:** _____ **Date:** _____

Student Signature: _____ **Email:** _____

Primary Major: _____ **Catalog Year:** _____

| Department Approval & Stamp - 1st Minor/Certificate | |
|---|------------------|
| Dept. Name: _____ | |
| Approved by: _____ | Signature: _____ |
| Department Approval & Stamp - 2nd Minor/Certificate | |
| Dept. Name: _____ | |
| Approved by: _____ | Signature: _____ |

Request to:

1. Declare a minor _____
(Specify Minor)
2. Add a second or third minor _____
(Specify Minor)
3. Declare a certificate _____
(specify certificate)
4. Drop a minor _____
(Specify Minor)
5. Drop a certificate _____
(specify certificate)

| | | | |
|-------------------------|-------------|-------------|-----------|
| Records Use only | Code: _____ | Date: _____ | By: _____ |
|-------------------------|-------------|-------------|-----------|

Rev 1/17/24