



Undergraduate Application for Minor

(UNDERGRADUATE DEGREE PROGRAMS)

Missouri University of Science and Technology
Office of the Registrar

103 Parker Hall
300 West 13th Street
Rolla, MO 65409-0930
Phone: (573) 341-4181
Fax: (573) 341-4362
registrar@mst.edu
http://registrar.mst.edu/

Name _____
Last First Middle I.

Student ID _____

Address _____

Date _____

Major Field _____

Major Advisor _____

Minor Field _____
(If English, indicate track)

Minor Advisor _____

Courses Planned for Minor	Cr. Hrs.	Semester	Completed/ Grade Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Anticipated Completion Date of Minor _____

Anticipated Date of Graduation _____

*****Please submit form only after the course(s) for the minor have been completed or are in progress*****
Minor advisor must initial any courses requiring special permission and any substitutions for courses planned.

Minor Advisor
Signature _____

Date _____

Minor Dept Chair
Signature _____

Date _____