MISSOURI S&T University of Science & Technology

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Application for a Designated Graduate Minor

Missouri University of Science and Technology
Office of the Registrar

Name _____ Student ID_____

Address _____ Date _____

_____

Major Degree Program _____ Degree _____

Designated Minor _____

Consult the Graduate Catalog for a list of approved, designated minors.

PROPOSED LIST OF COURSES FOR GRADUATE MINOR

Courses Planned for Minor	Cr. Hrs.	Semester to be Taken	Completed

Anticipated Term of Graduation: _____

Minor advisor must initial any courses requiring special permission and approve any substitutions for courses planned to fulfill the minor.

Student Signature _____ Date _____

Major Advisor Signature_____ Date _____

Minor Advisor Signature_____ Date _____

Minor Chair Signature _____ Date _____

_____ Date _____

Vice Chancellor for Research and Graduate Studies Signature

Copy to: Vice Chancellor for Research and Graduate Studies

gradminorapp update 10.12.20
Revised: 10/12/2020