



Application for a Designated Graduate Minor

Missouri University of Science and Technology
Office of the Registrar

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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 Graduate Education Signature

Copy to: Vice Chancellor for Graduate Education