



# Undergraduate Application for Minor

(UNDERGRADUATE DEGREE PROGRAMS)

Missouri University of Science and Technology  
Office of the Registrar

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Name \_\_\_\_\_  
Last First Middle I.

Student ID \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Major Field \_\_\_\_\_

Major Advisor \_\_\_\_\_

Minor Field \_\_\_\_\_  
(If English, indicate track)

Minor Advisor \_\_\_\_\_

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

Anticipated Completion Date of Minor \_\_\_\_\_

Anticipated Date of Graduation \_\_\_\_\_

**Minor advisor must initial any courses requiring special permission and any substitutions for courses planned.**

Minor Advisor  
Signature \_\_\_\_\_

Date \_\_\_\_\_

Minor Dept Chair  
Signature \_\_\_\_\_

Date \_\_\_\_\_