



TUSKEGE UNIVERSITY

OFFICE OF THE REGISTRAR

Request for Minor Form

Student Information

Name:	
Student ID:	
Major:	
College/School (Major):	

Requested Minor

Minor Field of Study:	
College/School Offering Minor:	

Approvals

Department Chair (Department Offering Minor)

Name:	
Signature:	
Date:	

Dean (College Offering Minor)

Name:	
Signature:	
Date:	

***Please ensure that students are informed of the minor requirements within your department. ***