Arcadia University
Office of the Registrar

Declaration of Minor

Student Name:________________________   Arcadia ID:_____________________
Major:______________________________   Desired Minor:______________________

This document will serve to permit the student to indicate an intention of completing a
minor and to inform the department of that intention.

Is this a change of minor? Yes ______ No ______
If yes, please list the minor(s) you are dropping:_________________________________

Is this a second minor? Yes_______ No_______

List all courses you expect to apply to the minor:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Indicate the date for completion of degree requirements:   _________________________

Approval by chairperson of department of desired minor:

(Signature)

Assign Advisor for the minor (please print):

(Name)

Summary of University policies relating to minors:

1. The university is obligated to provide the required coursework for the completion of
one major field of study. The university will assume no responsibility for the completion
of a minor.

2. A minimum of 5 course units must be completed. For each minor, there is an
approved set of specific courses. (Check catalog and/or department for information.)

3. Recognition of completion of a minor will be made on the student’s permanent record
at the time of graduation.