



DECLARATION OF MINOR

STUDENT ID NUMBER: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER _____ EMAIL: _____

CURRENT MAJOR: _____

Associate of Arts Associate of Fine Arts

Bachelor of Arts Bachelor of Fine Arts

NEW MINOR: Cinematic Arts & Tech. Creative Writing
 Indigenous Liberal Studies Museum Studies
 Performing Arts Studio Arts

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

Department Head Signature: _____
(MAJOR)

Date: _____

Department Head Signature: _____
(MINOR)

Date: _____

RETURN THIS SIGNED FORM TO THE REGISTRAR'S OFFICE.
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