

THE COLORADO COLLEGE

Office of the Registrar

DECLARATION OF THEMATIC MINOR

NAME: _____ Class (Circle One): Fr. Soph. Jr. Sr.

I.D.#: _____ Worner Box #: _____ Student's Phone _____

MINOR DECLARING: _____

MINOR ADVISOR: _____

MAJOR ADVISOR: _____ MAJOR _____

Courses already completed in the proposed minor:

Course Sequence # and Title

Course Sequence # and Title

Course Sequence # and Title

<i>Course Sequence # and Title</i>	<i>Course Sequence # and Title</i>	<i>Course Sequence # and Title</i>

Please note that there may be no more than 1 unit of overlap between your major and minor!

Please list number and title of courses yet to be completed for minor.

Integrative Experience Course, if applicable): _____

I fully understand the requirements for this minor and herewith apply for acceptance.

Signature of Student

Date

**You must take to the Advisor of Prospective Minor and Integrative Experience
and to Advisor of declared Major for approval and signatures before minor will be declared.**

ADMISSION GRANTED: _____

ADMISSION DENIED: _____ Reason(s) for denial: _____

Signature of Minor Advisor

Date

Signature of Major Advisor

Date

Signature of Integrative Experience Advisor

Date

***Minors must be declared/approved before Off-Campus Study or Study Abroad
Signed minor completion form is due prior to Block 8 of Senior Year***

Registrar's Office Use Only:

Date Declared: _____ Minor Code: _____ UFD: _____ Update CT: _____ Update MB: _____

Sent to Advisor w/Memo _____ Sent Completion Form to Advisor with Transcript: _____