

Consent to Complete a Minor Program

Complete this form in consultation with the Program Chair for the Minor.
Return the form to your College Adviser for degree program audit.

Name _____ UCID _____
Email _____ Adviser _____
Year in College _____ Primary/Secondary Major(s) _____
Title of Minor Program; Number of Courses Required _____

Approved Courses (5-8)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

(For Computer Science, when required)

Program Chair: Name

Signature

Date

