

COLLEGE OF ARTS AND SCIENCES
ADVISING AND ACADEMIC SERVICES
 THE OHIO STATE UNIVERSITY

Minor Program Form

Name _____
 Student ID Number _____ Telephone _____
 Local Address _____
 E-Mail _____
 Minor _____

This form should be submitted to your college or school office.

College/School of enrollment _____ Major _____
 Expected date of graduation _____

Have you filed a degree application in your college office? Yes No

Course	Hours	Final Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Hours _____ **Original** **Revision**

Signature of Faculty Advisor or College/School Counselor _____ Date _____

Please Print Name of Faculty Advisor or College/School Counselor _____

Academic Unit _____ Campus Telephone and/or E-Mail _____