



**DECLARATION OF MINOR**

*Please indicate declared minor(s) by filling in the information below. Return this form to the Office of Records and Registration.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Student ID#

- Biomedical Sciences
- Gerontology
- Healthcare Management
- Vascular Sonography (DMS students only)

- Public Health
- Social Sciences
- Spanish for the Health Professions

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

**Records and Registration Use Only**

\_\_\_\_\_  
Records and Registration Supervisor

\_\_\_\_\_  
Date

<b>Records and Registration Use Only</b>	
Date Received	_____
Date Processed	_____