



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

Public Health

Healthcare Management

Social Sciences

Vascular Sonography (DMS students only)

Student Signature

Date

Advisor Signature

Date

Records and Registration Use Only

Records and Registration Supervisor

Date

Records and Registration Use Only

Date Received _____

Date Processed _____