OFFICE OF THE REGISTRAR
2020 East Maple Street
North Canton, Ohio 44720-3336
Phone: 330-490-7367
Fax: 330-490-7372

For office use only:

Date Received

Processed By

DECLARATION/CHANGE OF MINOR FORM

Please Print:_____

Name (Last) (First) (Middle)

Social Security Number: _____

- ❑ Freshman
- ❑ Sophomore
- ❑ Junior
- ❑ Senior

PRESENT CURRICULUM INFORMATION

Degree:_____

Program:_____

Major:_____

MINOR

Declare Minor:_____

Drop Minor:_____

I have read the pertinent catalog policy on declaration of a minor. I have consulted with my major faculty advisor. I understand that the responsibility for fulfilling all requirements for minors rest with the student.

Signature of Student: _____ Date_____

_____

Address City/State/Zip

_____

Mailbox Number Telephone

ACADEMIC DEPARTMENTAL USE ONLY	
Courses for:	❑ **Minor**

Signature of the Department Chair of requested Minor. _____ **Date:** _____

RETURN THE COMPLETED FORM TO THE OFFICE OF THE REGISTRAR FOR PROCESSING AND DISTRIBUTION

DISTRIBUTION: WHITE-REGISTRAR YELLOW-DEPARTMENT OF MAJOR PINK -STUDENT