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**Optional/Minor/ Declaration Form**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ID Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_**Term\_\_\_\_**

**semester\_\_\_\_\_\_\_\_\_\_\_**

**Number of credits completed till last term:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area of Minor:**

Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Signature Advisor’s Signature Coordinator’s Signature**

**Registrar’s Office use only**

**Received on Received by**