



Optional/Minor/ Declaration Form

Date: _____

Name of the Student: _____

ID Number: _____ Program: _____ Current Term: _____

Minor Declaration Term: _____

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