Valparaiso University

COLLEGE OF ARTS AND SCIENCES

INDIVIDUALIZED MINOR

ID # _____ Date _____

Name _____
(please print)

Local Address _____ Phone _____

Expected Date of Graduation: _____ Degree (B.A. or B.S.): _____

Title of Minor _____

Adviser's Name _____

Please list all courses in your Individualized Minor. At least 15 credits constitute the Individualized Minor. The Individualized Minor may not be combined with an Individualized Major.

Dept.	Course #	Title of Course	# Credits	Comments

Total Number of Credits _____

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Dean's Approval _____ Date _____

Original: Dean Copies: Registrar, Student, Advisor