



MINOR PROGRAM COURSE APPROVAL

Submit this form to the Registrar's Office (Bldg. 98, 2nd floor) as soon as you have received approval for your request and no later than the deadline to clear graduation deficiencies for the quarter you have applied to graduate.

Complete this form only if you have already declared the minor listed below.

Name _____ **Bronco ID** _____
 Last First Middle

Contact Phone No. _____ **Email Address** _____@csupomona.edu

Major _____ **Minor** _____ **Catalog / Curriculum Year for the Minor** _____

PART 1: COURSES TO BE APPLIED TO STUDENT'S MINOR PROGRAM

Courses appearing in the University Catalog as specifically required for the minor program do not need to be listed below. Electives should not be listed if prior advisor approval is not required. **List only the courses that strictly require advisor approval.**

Subject/Number (e.g. BIO 100)	Course Title	Subject/Number (e.g. BIO 100)	Course Title

PART 2: REQUEST TO CHANGE APPROVED COURSE(S)

List only the courses that will replace courses previously listed in Part 1 or specific courses required for the minor as stated in the Catalog.

Previously Approved Course (e.g. BIO 100)	Course Title	Replacement Course (e.g. BIO 100)	Course Title

Student's Signature: _____ **Date:** _____

Department Chair for Student's Minor:	<input type="checkbox"/> I approve this request.	<input type="checkbox"/> I deny this request.
Signature of Minor Program's Department Chair/Associate Chair: _____		
College Dean for Student's Minor:	<input type="checkbox"/> I approve this request.	<input type="checkbox"/> I deny this request.
Signature of College Dean of Minor Program: _____		