



## MINOR PROGRAM COURSE APPROVAL

Submit this form to the Registrar's Office (Bldg. 98, 2<sup>nd</sup> 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:** \_\_\_\_\_

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