



1200 Kenwood Avenue, OneStop Student Services, Duluth, MN 55811  
218-723-6570/Fax: 218-733-2255

**APPLICATION OF MINOR**

Name: \_\_\_\_\_ CSS I.D.#: \_\_\_\_\_

CSS Box: \_\_\_\_\_ Advisor Name: \_\_\_\_\_

This is a  new/additional minor  replacement of previous minor

I hereby apply to complete a minor in the department of: \_\_\_\_\_

I propose to meet the requirements of the minor by successfully completing the following courses:

COURSE DEPT & NUMBER	CREDITS	REGISTRAR'S OFFICE USE
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
Student Signature: _____		Date: _____ Major: _____

I hereby approve of this application for minor.

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*White- Registrar*

*Yellow- Advisor*

*Pink- Student*

*Gold- Department Chair*