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NORTH CAROLINA STATE UNIVERSITY APPLICATION FOR MINOR CERTIFICATION

(To be filled out after registering for your last semester of classes, prior to the first day of your last semester.)

Email Address

Student ID#

Last Name

First Name

Middle Initial

phone number

CURRICULUM INFORMATION

Major: Curriculum Code _____

Major Department _____

College _____

Proposed Date for Completing Degree _____

MINOR INFORMATION

Title: _____

Department or Program _____

Proposed Date for Completing Minor: _____

Required Courses Already Completed for Minor

Required Courses to be taken final Semester to complete minor

Course Prefix and Number	Credit Hours	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Course Prefix and Number	Credit Hours	Grade required
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Student

Date

Requirements for Minor Completed _____
Semester/Year

Signature of Adviser for Academic Minor

Date

Certified by _____
Dean's Office of Minor Department

Signature of Administrative Head for Minor

Date

Certification of completion will appear on your transcript after graduating.