# West Virginia University
# Declaration of Intent to Complete a Minor Field

*Please Print*

_____
Last Name First Middle

Student Number: ___ ___ ___ - ___ ___ ___ - ___ ___ ___

Your Major(s): _____

Your Major Advisor: _____

Minor You Intend to Complete: _____

Are You in the Honors Program? Yes No

Expected Date of Graduation: May August December of _____ (year)

*It is the responsibility of the student and her/his major advisor to obtain information about the minor and to complete the required courses. At the time of application for graduation, the student must request certification for the minor on her/his "Application for Graduation and Diploma." Successful completion of a minor or minors will be recorded on the student's official transcript.*

Proposed plan for completion of minor requirements.
To be completed by the student in cooperation with her/his advisor.

| Course Number/Course Title | Semester | Grade |
|---|---|---|
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| | | |

Notes:

Student Signature _____ Date _____

Major Advisor Signature _____ Date _____

Routing of copies: 2 copies to minor College
1 copy for student's advisement file in major College/Department
1 copy to student