

MINOR or AREA OF SPECIAL INTEREST DECLARATION

Name _____ CWID # _____

For more information on the requirements for a Minor/ASI, please see the Undergraduate Catalog.

1. This declaration must be submitted for approval by the first day of class of the semester in which the student is graduating.
2. **Minor Information:** A minor program of study must consist of a minimum of 18 credit hours of a logical sequence of courses, 9 hours of which must be at 300-level or above. At least 9.0 of the hours required for the minor must not be used for any part of the degree other than Free Electives.
3. **ASI Information:** An Area of Special Interest (ASI) must consist of a minimum of 12 credit hours of a logical sequence of courses, 9 hours of which must be at the 300-level or above. At least 9.0 of the hours required for the ASI must not be used for any part of the degree other than Free Electives.
4. The minimum GPA requirement of the course sequence must be 2.000. No more than half of the classes can be transfer credit.

I AM DECLARING A MINOR OR AN ASI IN: _____

Declared Major: _____ Expected Graduation Date: _____

<u>Mines Course Information</u>		Choose One Option		
<u>Course Number</u>	<u>Credit Hours</u>	<u>Used in Degree</u>	<u>Used in Free elective</u>	<u>Not used in Degree</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Minimum 9 hours from these 2 columns)

<u>Transfer Institution Course Information</u>			
Please list courses taken at other universities below up to a maximum of half the coursework for the minor			
<u>Inst.</u>	<u>Course Number</u>	<u>Credits</u>	<u>Institution</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REQUIRED APPROVALS

Advisor's Printed Name

Advisor's Signature

 Minor Department Head's Printed Name

 Minor Department Head's Signature

 Major/Degree Department Head's Printed Name

 Major Department Head's Signature

 Registrar's Printed Name

 Registrar's Signature

 I want to REMOVE this Minor/ASI from my graduation requirements.

Student's Signature to REMOVE Minor/ASI: _____ Date _____

OFFICE USE ONLY

Processed _____

Date _____