

PETITION FOR MINOR REQUIREMENTS

☐ French Minor ☐ German Minor ☐ Spanish Minor ☐ Portuguese Minor
☐ Italian Minor ☐ Russian Minor ☐ Comp. Lit. Minor ☐ LAIS Minor

Name: _____
Last First Middle Initial Perm #

Address: _____
Street Apt. # Phone #

City State Zip Code Umail Address

The following is my request:

The justification for my request: (attach any documentation if necessary)

Student Signature _____ Date _____

Department Recommendation

Approved Approved with Conditions Denied

Comments from the Chair/Advisor:

Department Chair/Faculty Advisor Signature Date