

Certification of Fulfillment of Minor Requirements

The student named below has indicated that he/she intends to graduate with a minor in your department. The student should complete Section A, and the minor advisor should complete Section B. Completed forms can be sent to the Student Affairs Office in the College of Applied Health Sciences (AHS), 560 AHSB, MC 528. (Please call x6-2078 for questions.)

A. Student to Complete Section A.

Student Name: _____ UIN: _____

Minor: _____

UIC Coursework

Courses	Hours	Grade	Required. Prerequisite and Collateral Courses	Hours	Grade

Transfer Coursework

Courses	Hours	Grade	Required. Prerequisite and Collateral Courses	Hours	Grade

B. Minor Advisor to Complete Section B.

____ MINOR APPROVED

____ MINOR NOT APPROVED

Comments:

Please list below any courses needed to complete the minor:

IN PROGRESS

Deferred, Missing or Incomplete courses

Signature of (Minor) Department Advisor

Date

AHS Student Affairs use only:

Banner Date: _____ or PDL Date: _____