

MINOR PROGRAM FORM  
The College of Engineering

Student Name: \_\_\_\_\_

OSU username.##: \_\_\_\_\_

Major: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Undergraduate Minor: \_\_\_\_\_

Undergraduate Minor Program of Study				
<u>Department</u>	<u>Course #</u>	<u>Course Title</u>	<u>Credit Hours</u>	<u>Grade</u> (If Completed)

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

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Advisor Signature Major Program \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

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Advisor Signature Minor Program \_\_\_\_\_ Date \_\_\_\_\_