INSTRUCTIONS: After a student has completed the requirements for an academic minor or a career concentration, the responsible department must complete this form and forward it to the Registrar for posting to the student’s academic record. This form must be received at least 2 weeks prior to graduation in order to be properly posted to the student's record.

| __ | __ | __ | __ | __ | __ |

(Student ID Number) ____________________________ Student Name ____________________________

Indicate the semester the student has completed the requirements.

□ Spring ______  □ Summer ______  □ Fall ______  □ Winter ______

Indicate the completed Minor:

☐ Accounting  ☐ French
☐ Aging Studies & Gerontology  ☐ Gender Studies
☐ American Sign Language  ☐ Geography
☐ Anthropology  ☐ Geology
☐ Arabic Studies  ☐ German
☐ Archaeology  ☐ History
☐ Art History  ☐ Human Resource Management
☐ Art Studio  ☐ Information & Tech Management
☐ Biology  ☐ Latin American Studies
☐ Business  ☐ Legal Studies
☐ Chemistry  ☐ Management
☐ Chinese  ☐ Marketing
☐ Communication Studies  ☐ Mathematics
☐ Computer & Info. Systems (BUS)  ☐ Middle East Studies
☐ Computer Science (S/T)  ☐ Music
☐ Computer Science - Web Development  ☐ Philosophy
☐ Creative Writing  ☐ Physics
☐ Criminal Justice  ☐ Political Science
☐ Dance  ☐ Professional Selling
☐ Deaf Education  ☐ Professional Writing
☐ Digital Forensics  ☐ Psychology
☐ Digital Rhetoric and Professional Writing  ☐ Russian & East European Studies
☐ Economics  ☐ Sociology
☐ Educational Technology  ☐ Spatial Analysis and GIS
☐ Electronics  ☐ Spanish
☐ Emergent Media  ☐ Special Education
☐ English  ☐ Statistics
☐ Ethnic Studies  ☐ Theatre Arts
☐ Fraud Examination

Indicate the completed Career Concentration:

☐ Deaf/Hard of Hearing  ☐ Information Assurance
☐ Exceptionalities  ☐ International Business
☐ Family, Children and Youth  ☐ Personal Financial Planning
☐ Fraud Examination  ☐ Public Admin Management
☐ Human Resources  ☐ Supply Chain Management

☐ I certify that the above named student has successfully completed the minor/concentration:

☐ I certify that the above named student will successfully complete the minor/concentration at the end of the semester with the completion of the following courses: ________________________________________________________________

__________________________________________________________           _____________
SIGNATURE OF DEPARTMENT REPRESENTATIVE VERIFYING MINOR/CONCENTRATION   DATE

__________________________________________________________
PRINT NAME OF DEPARTMENT REPRESENTATIVE VERIFYING MINOR/CONCENTRATION

***Forward this form directly to the Office of the Registrar***