

Department of Biological Sciences - Minor Application Form

DEPARTMENTS RETURN COMPLETED FORM TO ACADEMIC ADVISING SERVICES – MITCHELL HALL

1. TO BE COMPLETED BY STUDENT: Date: _____

Name: _____ Student I.D. #: _____

Phone: (____) _____ Email _____ Catalog Year: _____

Application for minor in: (Dept.) BIOLOGICAL SCIENCES (Title of Minor) _____

Are you withdrawing from a minor? _____
(Title of Minor?) _____

I understand that I should meet with my minor advisor to clarify requirements for the minor and to have electives approved. _____
Student Signature

2. TO BE COMPLETED BY THE BIOLOGICAL SCIENCE DEPARTMENT:

This student has been accepted for the following minor in the Biological Science Department (check one):

Biology: General Minor	(BIOLMIN)	_____
Biology: Teaching Elementary Minor	(BIOLMINTE)	_____
Biology: Teaching Secondary Minor	(BIOLMINTS)	_____

ELECTIVES TO BE SELECTED BY ADVISEMENT:

<u>Course #</u>	<u>Title</u>	<u>Credit</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REQUIRED DEPARTMENT MINOR ADVISOR SIGNATURE: _____

MINOR ADVISOR NAME PRINTED: _____

DEPARTMENT CHAIR SIGNATURE: _____

3. ACADEMIC ADVISING SERVICES SECTION:

MINOR: _____ WITHDRAW: _____ DATE: _____ INITIAL: _____

(Page 2 must be completed or this form will not be accepted)

COURSES TRANSFERRED FROM OTHER INSTITUTIONS:

Institution	Course # and Title	CWU Course Equivalent	CWU Credit
1.			
2.			
3.			
4.			
5.			
6.			
7.			