Eastern Oregon University
Application for Recognition of Minor

Name _____

Student ID _____

Intended Graduation Date: Fall _____ Winter_____ Spring_____ Summer _____
Year Year Year Year

Minor for which you are applying: _____

List ALL required courses for your minor

Required Courses Completed			Required Courses to Complete		
Prefix No.	**Title**	**Hours**	**Prefix No.**	**Title**	**Hours**

Adviser's Signature _____ Date _____

Authorized Signature for Minor Area _____ Date _____

If the requirments for the minor are not met at the time of your graduation the minor will not appear on your transcript.

Please Note: A separate form is required for each minor