

Office of the University Registrar Student Union 1, Room 2101 4400 University Drive, MS 3D1 Fairfax, VA 22030 (703) 993-2441, Fax (703) 993-4668

UNDERGRADUATE MINOR DECLARATION

Student's G Number	Last Name, First Name	Mason E-mail address	
 Student's Major	Student's Major Catalog Year		
I am planning to graduate	e this semester and I have filed my graduation inte	nt. Yes or No Please Circle One	
Student's Signature			
		Date	
	-ADVISOR USE ONLY-		
PRIMARY MINOR DECLAR	RATION		
Minor Requested		Catalog Year Requested for Minor(if different from Major)	
Minor Advisor's Signature	<u> </u>	/	
		Date	
SECONDARY MINOR DECI	LARATION		
Minor Requested		Catalog Year Requested for Minor(if different from Major)	
Minor Advisor's Signature	2		
		Date	
CHANGE OF MINOR CATA	ALOG YEAR		
Minor			
Previous Catalog Year	Requested Catalog Year		
Minor Advisor's Signature	<u> </u>		
		Date	

last enrolled semester to complete degree requirements and graduate.