MINOR DECLARATION FORM

PLEASE PRINT or TYPE ALL INFORMATION

NAME: ______________________  ______________________  ______________________  KSU ID #: ______________________
           LAST               FIRST               MIDDLE

List any other names (preferred name or maiden name) used at KSU: ____________________________________________

KSU E-MAIL: ______________________  @students.kennesaw.edu  PHONE: (_______) ________ - ________

Expected Semester of Graduation: ______________________  Matriculation at KSU: ______________________

CURRENT MAJOR: ______________________  CURRENT ADVISOR: ______________________

☐ DECLARE  ☐ CHANGE  ☐ REMOVE  ☐ *ADD as 2nd MINOR

☐ PHYSICS minor
Contact Dr. Phil Patterson at ppatte11@kennesaw.edu for questions.

SIGNATURE OF STUDENT: ______________________  DATE: ______________________

Note: Typed name in an e-mail submission serves as authorization for declare/change/add of CSM minor.

NOTES: ____________________________________________________________________________________________

______________________________________________________________________________________________

*If you already have another minor declared, the minor will be indicated as your second minor by default; please indicate in the notes if you wish for the minor to be listed first instead.

Please return form to: the College of Science & Mathematics Advising Center, Kennesaw campus, Science 204
or  College of Science & Mathematics Advising Center
    Kennesaw State University
    1000 Chastain Road, MD # 1301
    Kennesaw, GA 30144

FOR OFFICE USE ONLY

MINOR CODE: ______________________  MINOR CHANGED BY: ______________________
DATE MINOR CHANGED: ______________________  ADDED TO DATABASE: ______________________