

Personalized Minor Request

Email: Registrar@MissouriState.edu
Phone (417) 836-5520, Fax (417) 836-6334
901 S National Ave, Carrington Hall 320
Springfield, MO 65897



Student Name: _____ M-Number _____
Last First MI

Proposed title of minor (required): _____

Degree (Bachelor of Arts, Bachelor of Science, etc.): _____

List required courses:

Course Subject	Course Number	Course Title	Credit Hours

Total credit hours required for this minor: _____

Academic Policy:

A student whose educational objectives cannot be best served by existing minors may design a personalized minor suited to individual needs. The student, after completing a minimum of 30 hours, must petition in writing the department head of the area in which the minor is to be taken. This petition is prepared in consultation with the student’s advisor and the department of the minor; it includes a list of the proposed courses to be taken with a detailed statement of justification. The department head may accept or reject the petition. When the proposal is agreed upon by both the student and the department head, a personalized program is written and forwarded to the Office of the Registrar, Carrington Hall, room 320.

Student Signature

Date

Department Head Signature

Date

Department Head Name (Print)

Department/School Name

Office use only: _____

Date: _____