

# SALVE REGINA UNIVERSITY

Academic Advising Office

Declaration of Minor Form

Name: _____	
Local: _____ (Street)	Permanent: _____ (Street)
_____	_____
(City, State, Zip Code)	(City, State, Zip Code)
E-mail Address: _____	Phone #: _____

## DECLARATION PROCESS

Students may declare minors at any time during matriculation. To declare minors, the following procedures apply:

- Request an unofficial transcript from the Registrar's Office.
- Schedule an appointment and meet with the applicable department chairperson.
- Return this completed form to the Academic Advising Office.

## DEGREE INFORMATION

Indicate minor: _____	<b><u>BUSINESS ADMINISTRATION</u></b>
Indicate one of the following:	<input type="checkbox"/> New Minor <input type="checkbox"/> Second Minor <input type="checkbox"/> Third Minor

## REQUIRED COURSES FOR MINOR

<i>Course Code</i>	<i>Course Title</i>	<i>Course Status</i>	
<b><u>ACC 101</u></b>	Financial Accounting I _____	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete
<b><u>MGT 120</u></b>	Management & Organizational Behavior _____	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete
<b><u>MGT212/ENG254</u></b>	Business Communication OR Writing for Professionals	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete
<b><u>Elective</u></b>	ACC102 OR MGT280, 290, 300, 310 or ECN 101, 102 or 105	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete
<b><u>Elective</u></b>	ACC102 OR MGT280, 290, 300, 310 or ECN101, 102 or 105	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete
<b><u>ISM</u></b>	ISM 304 OR 3 ONE CREDITS FROM ISM 160-171	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete

## ACKNOWLEDGEMENT OF RESPONSIBILITY

*Student completes this section after meeting with the applicable department chairperson.*

- I have read, understand, and agree to complete the requirements for earning a minor in this department.
- I understand I must submit a new Declaration of Minor form if I choose to change my minor or declare an additional minor.
- I understand failure to satisfy the retention criteria for the department will result in my dismissal from the department.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ADMISSION INTO DEPARTMENT

*Department chairperson completes this section after meeting with student.*

- I have reviewed with the student all the requirements for earning a minor in the department.
- I have discussed with the student both the admission and retention criteria for the department.
- 

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Forward completed forms to the Academic Advising Office, Records Manager.