

**SALVE REGINA UNIVERSITY**

Academic Advising Office

Declaration of Minor Form

Name: \_\_\_\_\_

Local: \_\_\_\_\_ (Street) \_\_\_\_\_ (City, State, Zip Code)

Permanent: \_\_\_\_\_ (Street) \_\_\_\_\_ (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: Special Education for Education Majors

Indicate one of the following:  New Minor  Second Minor  Third Minor

**REQUIRED COURSES FOR MINOR**

<i>Course Code</i>	<i>Course Title</i>	<i>Course Status</i>	
<b>SED 211</b>	Intro to the Characteristics of Students w/Exceptionalities	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete
<b>SED 225</b>	Language Dev & Communication Problems of Children	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete
<b>SED 332</b>	Principles & Procedures for Behavior & Classroom Mgt	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete
<b>SED ELECTIVE</b>	_____	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete
<b>SED ELECTIVE</b>	_____	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete
<b>SED ELECTIVE</b>	_____	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete

**SED electives approved by department chairperson**

**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.