

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: _____	Special Education for Non-Education Majors
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>	
SED 211 _____	Intro to the Characteristics of Students w/Exceptionalities	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete
SED 225 _____	Language Dev & Communication Problems of Children	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete
SED 397 _____	Sign Language I _____	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete
SED ELECTIVE _____	_____	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete
SED ELECTIVE _____	_____	<input type="checkbox"/> Completed	<input type="checkbox"/> Must Complete
SED ELECTIVE _____	_____	<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.