

Student's Name:			
Graduation month and year:		Rhodes ID Number: R	
should be completed, one copy student should plan, with a fa	y being filed with the min culty advisor, the course at the college are kept by	the first semester of the senior year. nor department or program and one cope of study which will complete the chay the Registrar; this form is for purpose an set forth.	by with the Registrar. A osen minor. All officia
Proposed minor:			
Catalog year of the degree	program to be follow	red:	
Courses required for mine the course. Department and		ose courses already taken by check uired for each course.)	ing the box preceding
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	□		
		□	
· -		st be completed for each minor.)	
		ments must be outside the requirement.	
If this declaration of minor a	affects your previously	declared major(s), please indicate th	ne change to be made.
Chair of Minor Department or Program		Major Advisor	
Signature		Signature	
Print		Print	
Minor Advisor: (if a	pplicable)		
			
Student Signature:		Date:	

September 2021