BI Moody III  
College of Business Administration

Request for Minor

**Note:** This form should be retained in the Student Folder and a Copy should be routed to The Dean's office for central tracking of Minors and Concentrations.

Student Name: ____________________________

CLID: ____________________________________

Email Address: ____________________________

Phone: __________________________________

Major: __________________________________

Minor: __________________________________

Concentration: ____________________________

Advisor: _________________________________

Required courses for Minor or Concentration:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

*Note that the courses listed above are not considered binding until signatures have been obtained from all parties involved.*

Required Signatures:

Student ____________________________ Date ____________  Department Head of Student’s Major ____________________________ Date ____________

Advisor ____________________________ Date ____________  Dean ____________________________ Date ____________

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